

**PERCEPTIONS OF PARENTS/ GUARDIANS ABOUT THE EFFECTIVENESS OF
FUTURE FAMILIES PROGRAMME IN OLIEVENHOUTBOSCH**

by

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DECLARATION

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I declare that the study on **PERCEPTIONS OF PARENTS/ GUARDIANS ABOUT THE EFFECTIVENESS OF FUTURE FAMILIES PROGRAMME IN OLIEVENHOUTBOSCH** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

The use of old literature drawing back to 2002 has the purpose of providing the research topic background considering that the topic covers a phenomenon of limited scope. A comprehensive and recent literature is provide further to allow the understanding the current situation.



SIGNATURE

KRIS E. EALE

26 November 2018

DATE

DEDICATION

To my beloved wife Colette Katharina Hunguana for the unconditional support and love without which the realisation of this work would never be possible.

To my two children Kristopher-Dominique E. Eale and Marc-Akim Cole Eale for the inspiration and energy you brought in my life to achieve more and for your understanding and patience throughout my study journey; I love you all so much.

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To my late mother Marie-Jeanne Hortence Emango gone so early but never forgotten.

Last but not least to my late grandparents Marc Eale and Marie Bondembe Eale, you carried us in your life efforts and dreams while we were not even part of this world so that we can reach this far.

PERCEPTIONS OF PARENTS/ GUARDIANS ABOUT THE EFFECTIVENESS OF FUTURE FAMILIES PROGRAMME IN OLIEVENHOUTBOSCH

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ABSTRACT

The people with the greatest stake in Orphan and Vulnerable Children (OVC) interventions are the children and their parents/guardians. Unfortunately, most OVC programmes are predesigned and implemented without considering beneficiaries' perceptions when developing solutions (ALI 2007:15). The purpose of this study was to explore and describe the perceptions of orphans and vulnerable children's parents/guardians about the effectiveness of Future Families' children programme in Olievenhoutbosch. This study used a qualitative, explorative and descriptive design. Thirteen parents/guardians of children registered with the Future Families were interviewed on the effectiveness of the Future Families programme using a semi-structure interview guide. The study results suggested that parents/guardians were happy with Future Families' services and believed the programme is effective in responding to their families' needs.

KEY TERMS:

Effectiveness; Future Families; guardian; Orphan and Vulnerable Children (OVC); parent; perception; service delivery.

MAIKUTLO A BATSWADI/BAHLOKOMEDI MABAPI LE GO ŠOMA GABOTSE GA LENANEO LA BANA LA MALAPA A KA MOSO KUA OLIEVENHOUTBOSCH

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KAKARETŠO

Batho ba ba nago le setseka se segolo go ditseno ka bogare tša Bana ba Ditšhiwana le bao ba lego Kotsing (OVC) ke bana le batswadi/bahlokamedi ba bona. Ka bomadimabe, mananeo a mantši a OVC a akanyetšwa pele le go phethagatšwa ntle le go tšeela šedi maikutlo a batho ba ba tlogo holega ge go naganišišwa ditharollo (ALI 2007:15). Morero wa thuto ye e be e le go hlohlomiša le go hlaloša maikutlo a ditšhiwana le batswadi/bahlokamedi ba bana ba ba lego kotsing mabapi le go šoma gabotse ga lenaneo la bana la Malapa a ka Moso (FF) kua Olievenhoutbosch.

Thuto ye e šomišitše moakanyetšo wa khwalitheithifi, wa go hlohlomiša le wa go hlaloša. Batswadi/bahlokamedi ba 13 ba bana ba ba ingwadišitšego le Malapa a ka Moso ba ile ba botšišwa dipotšišo mabapi le go šoma gabotse ga lenaneo la Malapa a ka Moso ka go šomiša mokgwa wa dinyakišišo wa go botšiša dipotšišo.

Dipoelo tša thuto di šišintše gore batswadi/bahlokamedi ba be ba thabile ka ditirelo tša FF le go dumela gore lenaneo le šoma gabotse ka go iphetolela go dinyakwa tša malapa a bona.

MAREO A BOHLOKWA:

Bana ba Ditšhiwana le bao ba lego Kotsing (OVC); maikutlo; motswadi; mohlokamedi; Malapa a ka Moso; go šoma gabotse; kabo ya ditirelo.

**INDLELA ABAZALI/ ABAQAPHI ABABONA NGAYO MAQONDANA
NOKUSEBENZA NGEMPUMELELO KWEFUTURE FAMILIES E-
OLIEVENHOUTBOSCH**

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INGQIKITHI YOCWANINGO

Abantu abathinteka kakhulu ekungeneleni kokuphathelene nezintandane kanye nabantwana abasengcupheni (ama-OVC) ngabantwana kanye nabazali noma abaqaphi. Ngeshwa, izinhlelo eziningi zama-OVC zenziwe futhi ziqala ukusetshenziswa ngaphandle kokucabangela imibono yalabo okumele bahlomule kwizisombululo zokuthuthukisa (ALI 2007: 15). Inhlalo yalolu cwaningo kwakuwukuhlola nokuchaza imibono yabazali nabaqaphi bama-OVC mayelana nokusebenza kohlelo lwabantwana olunikezwa yiFuture Families e-Olievenhoutbosch.

Kwasetshenziswa uhlelo oluhlolayo noluchazayo kulolu cwaningo. Abazali abayishumi nesishiyagalolunye noma abaqaphi babantwana ababhalisiwe kwaFuture Families, okuyinhlangano engenzi nzuzo ehlinzeka izinsizakalo kuma-OVC nakubantu abaneHIV/AIDS noma abahlukumezekayo ngenxa yalokho, babuzwa imibuzo kusetshenziwa umhlahlendela wemibuzo ehlelekile kwezinye izindawo ukuze baveze imibono yabo maqondana nokusebenza ngempumelelo kohlelo lweFuture Families.

Imiphumela yalolu cwaningo iphakamise ukuthi abazali nabaqaphi bagculisekile ngemisebenzi ehlinzekwa yiFuture Families, futhi bakholwa ukuthi lolu hlelo lusebenza ngempumelelo ukubhekana nezidingo zemindeni yabo.

AMAGAMA ASEMQOKA

Izintandane (orphans) nabantwana abasengcupheni (ama-OVC); indlela okubonwa ngayo (perception); umzali (parent); umqaphi (guardian); iFuture Families; ukusebenza ngempumelelo (effectiveness); ukulethwa kwezidingo (service delivery).

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ABBREVIATIONS AND ACRONYMS

Acronym	Definition
AIDS	Acquired Immunodeficiency Syndrome
ALI	Africa Leadership Initiative
ARV	Antiretroviral Therapy
CASE	Community Agency for Social Enquiry
CCG	Community Care Giver
CCW	Community Care Workers
CDC	Centres for Disease Control
CHH	Child-Headed Household
CNHEO	Coalition of National Health Education Organizations
CRS	Catholic Relief Services
DSD	Department of Social Development
ECD	Early Childhood Development
GBV	Gender Based Violence
HBM	Health Belief Model
HES	Household Economic Strengthening
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
KAP	Knowledge, Attitude and Practices
LDAM	Learning Disabilities Association of Manitoba

Acronym	Definition
MPH	Master of Public health
MRC	Medical Research Council
NCBI	National Center for Biotechnology Information
NGO	Non-Governmental Organization
NHA	National Health Act
NICHCY	National Dissemination Centre for Children with Disabilities
NIP	National Integrated Plan
NPO	Non-Profit Organisation
OVC	Orphans and Vulnerable Children
PEPFAR	United States President's Emergency Plan for AIDS Relief
REPPSI	Regional Psychosocial Support Initiative
SAG	South African Government
SRHE	Sexual Reproductive Health Education
STD	Sexual Transmittable Diseases
UNAIDS	United Nations Programme on HIV and AIDS
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
UNISA	University of South Africa
USA	United States of America
USAID	United States Agency for International Development
WHO	World Health Organisation

CHAPTER 1

ORIENTATION OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND TO THE RESEARCH PROBLEM

The Orphans and Vulnerable Children (OVC) crisis linked to HIV/AIDS pandemic started alarming the world in late 90s and early 2000s. According to United Nations Children's Fund (UNICEF), United Nations Programme on HIV and AIDS (UNAIDS) and United States Agency for International Development (USAID) (2006:IV-3) and UNAIDS (2002:133), at the end of 2001, an estimated 14 million children worldwide had lost their mother or both parents to AIDS or related causes. Sub-Saharan Africa is the most affected region, accounting for more than 80% of those orphaned because of AIDS. It should be noted that the reported number does not include children orphaned by other conditions such as other diseases not related to HIV/AIDS, war or other political conflicts.

UNICEF, UNAIDS and USAID (2006:IV-3) reported that approximately 12 million children between the ages 0–17 have lost one or both parents to AIDS in sub-Saharan Africa. As a result, the total number of children orphaned from all causes in sub-Saharan Africa expanded and reached 48.3 million at the end of 2005. UNICEF, UNAIDS and USAID pointed out during that period without the care of parents or an appointed caregiver, children were likely to face extraordinary risks of malnutrition, poor health, inadequate schooling, migration, homelessness, and abuse. Therefore, strengthening existing family and community capacity to assist orphans in Africa should be the first priority.

The United States President's Emergency Plan for AIDS Relief (PEPFAR) guide and strategic manual for OVC programming (2012:8) reported as follows:

"The HIV/AIDS epidemic has exacted a terrible toll on children and their families. During the 30 years of the global HIV epidemic, an estimated 17 million children have lost one or both parents due to AIDS; 90 percent of these children live in sub-Saharan Africa. In addition, 3.4 million children under age 15 are living with HIV.

Despite some decline in HIV adult prevalence worldwide and increased access to treatment, the number of children affected by or vulnerable to HIV remains alarmingly high.”

Considering the fact that children can be victims of HIV/AIDS directly when infected by HIV/AIDS or indirectly when family members are affected by HIV/AIDS, PEPFAR provides support to programmes dedicated to children and OVC in particular.

In 2007, the Africa Leadership Initiative (ALI 2007:3) postulates as follows:

“South Africa is living a situation without precedent. Never before in history have so many children been without parents or caring for parents who are ill. The HIV/AIDS crisis, complemented by other social factors, is contributing to a reality where millions of children are in need of support and care”.

Hence, in response to the OVC crisis, a number of OVC support initiatives proliferated to enhance service delivery to OVC. According to Omwa and Titeca (2011:8), those initiatives can be grouped into three categories:

- OVC community initiatives, which are spontaneous response that normally emerges from within the community. In the literature, they can be referred to as grassroots or indigenous, home-grown or endogenous responses.
- The institutional approach to OVC care stresses formal centralised arrangements in terms of care and support provision to OVC manifested in orphanages and children’s homes. This approach is also sometimes referred to as residential care.
- OVC initiatives by Non-Governmental Organization (NGO).

Further detail on these approaches is provided in Table 1.1 below to illustrate the differences, strengths and weaknesses of each OVC care approach.

Table 1-1: TYPE, CHARACTERISTICS, STRENGTHS, AND WEAKNESSES OF OVC CARE APPROACHES

OVC care approach	Characteristics	Strengths	Weaknesses
OVC community initiative/ grassroots or indigenous, home-grown or endogenous responses	Characterised by: <ul style="list-style-type: none"> • Make use of Voluntarism • Use a consultative decision making process • Community reliance on own resources and local leadership. • Providing care and support using the traditional orphan care support systems and networks (Kinship) 	<ul style="list-style-type: none"> • The child/ children are kept within the family • Build up on extended family 	<ul style="list-style-type: none"> • Limited access to financial and material resources • Less trusted by funders mainly due to: • Limited technical capacities and a strong reliance upon women volunteers
The institutional approach to OVC care/ residential care	<ul style="list-style-type: none"> • Should only be undertaken as a temporary option while alternative permanent community care is sought, or as a measure of last resort 		<ul style="list-style-type: none"> • It inadequately prepares OVC for adult lives as it places little evidence on teaching social skills • Children who grow up in institutions often fail to develop their own cultural identity

			<ul style="list-style-type: none"> • May feel alienated from their community, most often lack networks of friends and relatives and may lack social and interpersonal skills needed to develop and function as competent adults
OVC initiative by Non-Governmental Organization (NGO)	<ul style="list-style-type: none"> • Short-term incentives to show short-term outputs of direct services • Funders targets oriented to justify funding not always community oriented • Depending on funding life cycle 	<ul style="list-style-type: none"> • Service provided by qualified specialist • Provide some sort of relieve to OVC even if this is short-term 	<ul style="list-style-type: none"> • Externally driven interventions diminish community innovativeness in devising noble and culturally acceptable ways and means of responding to the challenges posed by the upsurges in the number of OVC. • External interventions tend to be characterized by a rush to show short-term non-sustainable results of direct service provision to OVC

Source of data (UNICEF, 2006): Omwa et Titeca (2011:8-20)

To alleviate the OVC burden in Africa, the PEPFAR is funding several organisations supporting OVC in Africa. In collaboration with African government departments, mainly Department of Social Development (DSD), the United States President Emergency Plan for AIDS Relief through the United States Agency for International Development (PEPFAR/USAID/CDC) supports a variety of comprehensive, community-based programmes to assist children infected and affected by HIV/AIDS through NGOs.

Exploring community-based initiatives in response to the OVC crisis in North Central Uganda, Omwa and Titeca (2011:19) note that community initiatives for OVC care can be affected by how external interventions are planned and executed. It has been argued how externally driven interventions reduce the innovativeness of communities in devising noble ways of responding to a situation. External interventions tend to be characterised by short-term incentives to show short-term outputs of direct services. This eventually may fail to successfully take on the community in mitigating the care and support needs of OVC and may even reduce community-initiated support, furthering the cycle of NGO dependence. Furthermore, Omwa and Titeca (2011:19) note that most of the self-help group study participants argue that externally driven interventions diminish their innovativeness in devising noble and culturally acceptable ways and means of responding to the challenges posed by the upsurges in the number of OVC. In short, it wanes their voluntary enthusiasm. The participants observed that external interventions tend to be characterised by a rush to show short-term non-sustainable results of direct service provision to OVC.

These inputs mainly include scholastic materials like books, pens, clothes and shoes which are distributed without prior consultations of the community, care givers and the OVC. Members also noted that the criteria for the distribution of the inputs are at times not only influenced by needs but by other factors such as politics or relationship. The ultimate result is the reduction of a community's initiative to provide care and support, eventually leading to perpetual reliance on the services offered by a few established local and national NGOs. Furthermore, Omwa and Titeca (2011:19-20) quoting Abebe and Aase (2007: 2058); Foster (2002); Phiri, Foster and Nzima (2001) note that district respondents highlight that external interventions affect community self-help initiatives in two ways.

Firstly, it creates a dependency syndrome among community members. Secondly, it creates overwhelming expectations of the OVC and their caregivers (Allen & Schomerus, 2006; Thurman, Snider, Boris, Kalisa, Nyiraminyoye & Brown, 2006: 1557). The end result is that community members renege on their efforts to stem the orphaning challenge. Omwa and Titeca (2011:20) underscore that Imat Albatina, a group leader of the community initiative Akwede orphan caregivers, summed this up as follows:

“The Lango culture originally looked at a child as being owned by the community as a whole in terms of care, support and guidance in both good and bad times... People had the sense and obligations to look after vulnerable members in the community. But the advent of the International and National NGOs coming into play to give tailored support to the OVC has eroded this tradition. The community members nowadays have forgotten their roles and efforts of offering unsolicited support to the most vulnerable in the community” (FGD, 15/05/2010, Agwede Village).”

On the same note, the researcher observed that not only the community innovativeness and self-initiative is affected but primary beneficiaries’ inputs/contributions in programmes intervention, activities model and knowledge around OVC care is very little or non-existent. Many of these OVC programmes, activities and researches are predesigned with experts and high-level actors’ inputs/contributions and implemented to all communities the same way without looking at complex communities’ differences.

The ALI (2007:15) phase one publication on OVC in South Africa confirmed the researcher concern by stating as follows:

“The people with the greatest stake in OVC interventions are the children themselves. Unfortunately, children’s voices are often not taken directly into account when developing solutions.”

PEPFAR/USAID and other funding partners ‘grant process (Global Fund & USAID 2016) provides room for beneficiaries’ representative consultation.

However, there is no requirement for programme designers and implementing organisations (programmes planners and implementers) to consult primary beneficiaries (person affected and infected by HIV/AIDS) on activities that are developed for their communities or for researchers to conduct beneficiaries-oriented researches.

Therefore, the focus of this study was to explore the perception of OVC parents or guardians on the PEPFAR/USAID funded OVC programme “Future Families” (FF) activities in the Olievenhoutbosch community in South Africa. The researcher had intended to obtain the beneficiaries views/perceptions on how effective the programme is, how it meets the community need and what can be done to improve it.

According to the organisation’s website (www.futurefamilies.co.za 2016), Future Families is a non-profit organisation rendering quality services to Orphans and Vulnerable Children (OVC) and people infected and affected by HIV/AIDS in South Africa. In this study, Future Families refers to the organisation based in Olievenhoutbosch, South Africa. This organisation provides a comprehensive community support services to families affected or infected by HIV/AIDS. The programme includes recruitment and training of Care Workers (CWs), their placement within the community to assess and identify vulnerable families with vulnerable children or children at risk of vulnerability. CWs regularly visit identified vulnerable families and children to provide a comprehensive range of services including: education support, medical support (especially HIV/AIDS and ARV treatment, immunisation, any medical need of clinic referral), nutrition support (food parcels, gardening support to families), holiday support projects for children (life skills,

HIV/AIDS education), peer education (provides life* skills and HIV/AIDS education programmes in schools), HIV/AIDS education support for adults affected or at risk.

1.2 STATEMENT OF THE RESEARCH PROBLEM

Although international funding is meant to bring relief to OVC on the African continent, beneficiaries’ opinions about the programmes are usually not considered when designing the programme intervention.

Furthermore, the beneficiaries' feedback/contributions to inform OVC programmes are very scarce. It is for this reason the researcher explored the perceptions of the parents/guardians whose children are enrolled in this programme about whether the needs of the children are met by the predesigned programme. Moreover, the researcher explored their views in how the programme is meeting the children and their families' needs and what can be done to improve the programme.

1.3 RESEARCH AIM/PURPOSE

The main purpose of this research was to understand the OVC parent/guardian's perceptions regarding Future Families programme effectiveness in Olievenhoutbosch. The study sought to make recommendations to the OVC programme organisers and funders to advocate the consideration of beneficiaries' views when designing programmes.

1.4 RESEARCH OBJECTIVES

In order to achieve the research purpose, the following research objectives were formulated:

- To explore and describe the OVC parent/guardians' perception with regard to Future Families programme (services and activities) in Olievenhoutbosch.
- To explore and describe Future Families programme's effectiveness in the eyes of OVC parents/guardians.
- To make recommendations to the OVC programme organisers and funders so as to advocate the consideration of beneficiaries' views when designing programmes.

1.5 RESEARCH QUESTIONS/HYPOTHESES

The research problem prompted the following questions:

- What are the perceptions of OVC guardians/parents regarding Future Families OVC interventions?

- How effective is the Future Families OVC programme in meeting OVC needs in Olivenhoutbosch?
- What recommendations can be made to Future Families in Olivenhoutbosch or OVC programmes funders to motivate the inclusion of guardians/parents participation in interventions design?

1.6 DEFINITIONS OF KEY CONCEPTS

1.6.1 Perception

According to Cambridge Advanced programme Learner's dictionary (2013:1054), perception is a belief or opinion, often held by many people and based on how things are seen. The South African Concise Oxford Dictionary (2011:864) defines perception as the way in which something is regarded, understood, or interpreted. In this study, perception is OVC's parents/guardians belief or their opinion on Future Families OVC. In other words, the way parents/guardians view, understand and interpret Future Families OVC services and activities in improving OVC vulnerability.

1.6.2 Orphan

UNICEF and global partners define an orphan as a child under 18 years of age who has lost one or both parents to any cause of death UNICEF (2017). UNICEF, UNAIDS and USAID (2004:6) define different categories of orphans in the following ways:

- Maternal orphans are children under age 18 whose mothers, and perhaps fathers, have died (also included within double orphans).
- Paternal orphans are children under age 18 whose fathers, and perhaps mothers, have died (also included within double orphans).
- Double orphans are children under 18 whose mothers and fathers have died.

In this study an orphan is as defined all children within the Future Families programme under 18 years of age who has lost one or both parents to any cause of death.

1.6.3 Vulnerable Children (OVC)

The UNAIDS defines vulnerable children as children whose safety, well-being or development are at significant risk. Among others, such children can include children orphaned owing to AIDS, children infected with HIV, children caring for terminally sick parents with AIDS, fostered children, children in poor households which have taken in orphans. This also include disabled children, street children, children exposed to excessively hazardous labour, children involved in the sex industry, children affected by conflict, migrant children, and children out of school (UNICEF, UNAIDS and PEPFAR 2004:6).

In this study, OVC refers to children under 18 (affected) who have lost their mother, father or both parents owing to HIV/AIDS or who is infected by HIV and is attending Future Families activities.

1.6.4 Guardian

According to the South African Concise Oxford dictionary (2011:513), a guardian is a person who is legally responsible for the care of someone who is unable to manage his or her own affairs, especially a child whose parents have died. The Cambridge Advanced Learner's Dictionary (2013:639) defines guardian as a person who has the legal right and responsibility of taking care of someone who cannot take care of itself, such as a child whose parents have died. In this study, guardian will be any competent person above the age of 18 years entrusted in looking after an orphan or vulnerable child or children attending Future Families activities.

1.6.5 Parent

The Cambridge Advanced Learners' Dictionary (2013:1032) defines a parent as a mother or father of a person or an animal. In this study, a parent will be a mother or a father of a child who is attending Future Families activities. The parent can be biological, foster or adoptive parent.

1.6.6 Future Families

According to the organisation, Future Families is a non-profit organisation rendering quality services to OVC and people infected and affected by HIV/AIDS in South Africa. In this study, Future Families refers to the Future Families organisation based in Olievenhoutbosch, South Africa.

1.6.7 Effectiveness

According to the South African Concise Oxford Dictionary (2011:370) and Cambridge Advanced Learners' Dictionary (2013:449), effectiveness is the degree to which something is successful or the ability to be successful and produce a desired or intended results.

In this study, effectiveness refers to the degree in which the Future Families programme is successful or able to produce desired or intended result on OVC and their families. In other words, the programme ability in reducing the level of vulnerability factors and help OVC grow to become independent adults capable of contributing to their community development. For the purpose of this dissertation, effectiveness will only looked from the perspective of OVC services provided by Future Families namely:

- Child Protection intervention;
- Support to access antiretroviral;
- HIV prevention education;
- Psychosocial support;
- Educational support; and
- Household Economic strengthening (HES).

1.7 RESEARCH METHODOLOGY AND APPROACH

1.7.1 Approach

A qualitative approach was used in this research to address the research objectives. According to Creswell (2014:4), qualitative design is defined as an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. In addition, Creswell (2014:4) asserts that while the qualitative researcher is the key instrument by the fact that qualitative researchers collect data themselves through examining documents, observing behaviour, or interviewing participants, participants hold the research meanings. In fact, during the entire qualitative research process, the researcher keeps a focus on learning the meaning that the participants hold about the problem or issue, not the meaning that the researchers bring to the research or that writers express in the literature Creswell (2014:182). It is against this background that the researcher felt that a qualitative approach would be suitable to explore and understand parent/guardian perspectives on Future Families OVC programme efficiency and the meaning they attach to those perceptions.

1.7.2 Research Design

Polit and Beck (2012:58) describe research design as the overall plan for obtaining answers to the research questions. Creswell (2014:12) points out that others have called them strategies of inquiry (Denzin & Lincoln, 2011:14). An explorative and descriptive design was used in this study to address the research objectives as described by Polit and Beck (2012:58).

1.8 SETTING AND POPULATION OF THE STUDY

According to Burns and Grove (2011:40), the research setting is the location in which a study is conducted. This study will be conducted at the Future Families site in Olievenhoutbosch Township, Centurion in Gauteng Province, South Africa.

Polit and Beck (2012:59) define population as all the individuals or objects with common, defining characteristics under study. Polit and Beck (2012:273) elaborate more by stating that a population is the entire aggregation of cases in which a researcher is interested. In this study, the targeted population were guardians/parents of OVC enrolled in the Future Families programme in Olievenhoutbosch. For 2016, Future Families Olievenhoutbosch reported an estimated number of 1000 OVC who received the organisation support. Therefore, the population of this study is estimate to be 1000 or less parents/guardians.

1.9 SAMPLE AND SAMPLING METHODS

A sample refers to a subset of a population (individuals, elements or objects) or a group selected to act as representatives of a population as a whole (Polit & Beck, 2012:275; Offredy & Vickers, 2010:131). Burns and Grove (2011: 51) define sampling as a process of selecting a group of people, events, behaviour, or other elements with which to conduct a study. In addition, Brink, Van der Walt and Van Rensburg (2014:132) describe sampling as the process of selecting the sample from a population in order to obtain information regarding the phenomenon in a way that represents the population of interest. In this study, a non-probability or purposive sampling method, which the main characteristic is that samples are selected based on the subjective judgment of the researcher, rather than random selection (Friis & Sellers, 2009: 257). Number of participants cannot be determine in qualitative study, this can only be determined after saturation of data is reached.

To be eligible for inclusion into the study, individuals should comply with the following eligibility criteria:

- Any person above the age of 18 officially appointed or recognised as caring and living under the same roof with a child or children currently benefiting of Future Families services Olievenhoutbosch.
- The person should be guardian of OVC listed under the Future Families database.

- The person should be identified as guardian under the Future Families database.
- The person is guardian of an OVC who is benefiting of Future Families services for at least three months.
- The person should be South African resident.
- The person should be able to speak and understand basic English.
- The person should have legal capacity to give consent.

1.10 DATA COLLECTION METHODS AND PROCEDURES

According to Burns and Grove (2009:345), data collection is the precise, systematic process of gathering data or all information from the study subjects that is relevant to the purpose of the study, research questions or hypothesis. Data collection should be objective, systematic and repeatable (Gerrish & Lacey, 2010:23). The researcher should use the simplest method of collecting the data to get answers to the research question and should not collect any more data than necessary (Robson, 2007:166).

In this study, semi-structured individual interviews with selected parents/guardians were conducted in order to help gain a detailed understanding of guardians' perceptions with regard to Future Families services to OVC, especially guardians. The in-depth individual interviews were conducted on parents/guardians whose children are enrolled in the programme at the Future Families offices in Olivenhoutbosch. An invitation was extended to parents/guardians to participate in this study.

The interviews were audio recorded with the participants' permission in order to conserve the participants' original accounts of views towards the Future Families OVC services. The researcher also took field notes for non-verbal cues recording. The interviews was be done in English and transcribed in script form. The audio record and field notes allowed the researcher to ensure the data credibility. Credibility was ensured by intensely engaging the participants during the interview process and encouraging them to be open. Data collected among participants were also compared and the researcher recorded day-to-day descriptions of the data collection process down.

To ensure dependability to the reader that all steps taken by the researcher from the first to the last day of data collection actually happened, they must be clearly articulated transparently in a daily log. For the study to be transferable, it was conducted in a setting with the same contextual background. Owing to the sample size, the results cannot be generalised to the whole population.

1.11 DATA MANAGEMENT AND ANALYSIS

Polit and Beck (2012:719) define data analysis as the process of organising and synthesising data so as to answer research questions and test hypotheses. For this study, a thematic analysis was used. Thematic analysis involves sorting the data into particular themes, categories and patterns (Polit & Beck 2012:556; Joubert & Ehrlich 2007: 324). Data from the audiotapes were transcribed verbatim and coded into themes and sub-themes. The emerging themes, categories and patterns were then analysed. Tesch's approach to data analysis was used as described by Creswell (2014: 198).

1.12 ETHICAL CONSIDERATIONS

1.12.1 Informed consent

Rose, Aburto, Hagemann, and Shahnazarian (2009:3) assert that informed consent is a voluntary agreement to participate in research.

The researcher complied with all informed consent requirements.

- An explanation will be given regarding the purpose and objectives of the study and participants will be given a chance to ask questions.
- The researcher will inform participants that participation is voluntary, they could refuse to participate, and they have the right to withdraw from the study at any time should they so wish

1.12.2 Permission to Conduct the Study

The researcher understood that the study should comply with the South African authorities' principle complying with section 73 of the National Health Act 61 of 2003. The researcher requested and obtained permission to conduct the study from the University of South Africa (Unisa) Ethics Committee and the Future Families Head Office before engaging in any research work.

1.12.3 Autonomy and Respect for Persons

Anonymity, the most secure means of protecting confidentiality occurs when the researcher cannot link participants to their data. For that purpose, the researcher's demographic data analysis does not bear participants' names. Participant identifiers (names) were deleted before analysis. The Future Families electronic database (data record) was used to identify potential participants. Accordingly, the researcher ensured that all information accessed were not shared or discussed with a third party and were kept confidential.

Respect of persons. To ensure that respect to participant dignity is protected, the researcher will strictly observed human respect procedure as prescribed by Polit and Beck (2012:154)

- **The Right to Self-Determination:** Humans should be treated as autonomous agents, capable of controlling their actions. Self-determination means that prospective participants can voluntarily decide whether to take part in a study, without risk of prejudicial treatment. It also means that people have the right to ask questions, to refuse to give information and to withdraw from the study. This includes freedom from coercion.
- **The Right to Full Disclosure:** People's right to make informed, voluntary decisions about study participation requires full disclosure. Full disclosure means that the researcher has fully described the nature of the study, the person's right to refuse participation, the researcher's responsibilities, and likely risks and benefits

1.12.4 Protecting the Rights of the Participants or Beneficence

Protecting the rights of participants is under the principle of beneficence. Beneficence imposes a duty on researchers to minimise harm and maximise benefits. Human research should be intended to produce benefits for participants (Polit & Beck, 2012:152). To ensure that the beneficence principle was observed, the researcher strictly observed the participants following rights (Polit & Beck, 2012: 153):

- **The Right to Freedom from Harm and Discomfort:** Researchers have an obligation to avoid, prevent or minimise harm (non-maleficence) in studies with humans. Participants must not be subjected to unnecessary risks of harm or discomfort, and their participation must be essential to achieving scientifically and societally important aims that could not otherwise be realised.
- **The Right to Protection from Exploitation:** Involvement in a study should not place participants at a disadvantage or expose them to damages. Participants needed to be assured that their participation, or information they might provide, will not be used against them.

1.12.5 Justice

The principle of justice includes participants' right to fair treatment and their right to privacy (Polit & Beck, 2012:156). To ensure participants' right to justice was observed the researcher strictly ensured that all participants are treated fairly and their privacy is respected, no intrusions into personal lives.

1.13 TRUSTWORTHINESS

To ensure the trustworthiness of this study, the researcher used the four criteria suggested by Lincoln and Guba (1985pp) as described by Polit and Beck (2012: 175) for developing the trustworthiness of a qualitative inquiry: credibility, dependability, confirmability, and transferability.

1.13.1 Credibility

Polit and Beck (2012: 724) refer to credibility as confidence in the truth of the data. To ensure the credibility of this study, the researcher triangulated multiple data sources (data that will be generated from the interview and the notes were taken to capture non-verbal behaviour while watching the participants. Secondly, the researcher took extensive field notes to ensure a credible capturing of participants descriptions (Babbie & Mouton, 2011:275). Thirdly, the researcher had prolonged engagement with participants to allow sufficient time in collecting data in order to have in-depth understanding of what the research participants will try to communicate until saturation of key categories are reached (Polit & Beck, 2012: 589).

1.13.1 Dependability

Dependability referring to the stability of data over time and over conditions; evidence that is consistent and stable (Polit & Beck, 2012: 197, 725). To ensure dependability, the researcher conducted a pilot study with two participants meeting the inclusion criteria. The pilot study provided the opportunity to fine-tune the final study tool and questions and informed of unanticipated issues to ensure that the data that will be collected is consistent and stable.

1.13.2 Confirmability

Polit and Beck (2012: 585) refer to confirmability as the guarantee that the findings, conclusions and recommendations are supported by the data and that another researcher can arrive at the same conclusions as the primary researcher. To ensure confirmability, the researcher kept a comprehensive collection of data sources that allow an independent auditor to come to the same conclusions, interpretations and recommendations.

1.13.3 Transferability

Transferability refers to the extent to which findings are meaningful and can be transferred to other settings or groups (Polit & Beck 2012: 197; 585).

To ensure transferability, the researcher will provide detailed and contextualised descriptive information to allow readers to make inferences about extrapolating the findings to other settings as suggested by Polit and Beck (2012:525).

1.14 SIGNIFICANCE OF THE STUDY

This study may serve as a learning paradigm for and enhance the insight and knowledge of all OVC programmes actors and partners in general (programme designer, implementers, funders, stakeholders) and in particular the Future Families programme actors and partners by encouraging the integration of beneficiaries views at the early stage of programme design and implementation.

1.15 CONCLUSION

This chapter provides an overview of the entire research study “The perception of parents/ guardians about the effectiveness of Future Families programme in Olievenhoutbosch”. The research background information was provided globally, continentally and locally in South Africa. The next chapter will focus on relevant literature sources or documentations applicable to this study.

1.16 CHAPTER LAYOUT

Chapter 1: ORIENTATION TO THE STUDY

Chapter 2: LITERATURE REVIEW

Chapter 3: RESEARCH DESIGN AND METHODOLOGY

Chapter 4: DATA COLLECTION, ANALYSIS AND PRESENTATION OF FINDINGS

Chapter 5: SUMMARY OF FINDINGS, CONCLUSION, LIMITATION, AND
RECOMMENDATIONS

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Chapter 1 described the background, the problem, the purpose and objectives; defined key concepts; provided the ethical consideration, the research design, and methodology of the study. This chapter presents a review of relevant literature or documentation where the researcher is attempting to map out what has already been established in the literature about the perception of parents/guardians regarding OVC programmes. The focus will be in particular the perception of beneficiaries regarding community-based interventions in general to identify the gap this research addresses within the OVC programme research ambit.

Furthermore, this chapter will describe the conceptual framework selected by the researcher in order to organise the study and allow to provide the benchmark of this study.

Neuman (2014:126) pointed that the goals of a literature review is firstly to demonstrate the researcher's familiarity with a body of knowledge and establish credibility. The author asserts that a review informs a reader that the researcher knows the research in an area and knows the major issues. Neuman (2014:126) insists that a good review helps in increasing the researcher's knowledge and familiarity on the topic. In addition, it shows the path of prior research and how a current project is linked to it. Furthermore, a review outlines the direction of research on a question and shows the development of knowledge. Neuman (2014:126) also notes that a good review places a research project in a context and demonstrates its relevance by making connections to a body of knowledge. It integrates and summarises what is known in an area. Neuman note further that a review pulls together and synthesizes different results and a good review points out areas in which prior studies agree, disagree, and major questions remain. It collects what is known up to a point in time and indicates the direction for future researchers to learn from others and stimulate new ideas.

Finally, Neuman (2014:126-127) concludes that review tells what others have found so that a researcher can benefit from the efforts of others. Therefore, it can be said that a good review can help the researcher to narrow down a broad topic and also indicate the state of knowledge on a topic.

For the purpose of this study, the literature review focuses on discussing the previous studies on the perceptions of parents/guardians on the effectiveness of OVC programmes, looking at the current situation and achievements of OVC programmes in South Africa, the identification of gaps in the research-related to the perceptions of parents/guardians on the effectiveness of OVC programmes.

In order to allow a focused literature review, the researcher trimmed the literature search using the following key concepts related to the topic:

- OVC programmes partners, actors and stakeholders;
- Type of services provided to OVC;
- Challenges faced by OVC supporting partners and stakeholders; and
- Legislations and policies supporting OVC care services.

The researcher reviewed available and accessible local and international resources related to these topics using scientific websites such as: Google scholar, the National Centre for Biotechnology Information (NCBI) website, International organisations and partners' websites (UNAIDS, UNICEF, USAID, PEPFAR, WHO) and other research journal articles websites. The analysis of literatures allowed the researcher to understand the main sources of OVC literature. Most OVC related literature came firstly from international partners and stakeholders' researches and reports where the USAID/PEPFAR, UNAIDS and UNICEF are largely the organisations that produce more literatures and research work dedicated to OVC. In addition, local and international partners projects or programmes outcome reports and publications. These are publications resulting from OVC programmes outcome and research, such as projects evaluation reports, data quality assessment and system assessment aiming to strengthen programme and systems. Furthermore, governments report and publications.

Independent and academic researchers' literatures on OVC are very scarce as well as literature providing OVC or their parents/guardians perception of implemented solutions.

2.2 PREVIOUS STUDIES AROUND THE PERCEPTIONS OF PARENTS/ GUARDIANS ON THE EFFECTIVENESS OF OVC PROGRAMME

As stated above, there are several publications, reports and research articles about OVC. However, most of these literatures are based on authors, donors, caregivers/ teachers, governments and other stakeholders' perceptions and observations of the programme, intervention, or observed phenomenon.

Given the parameters of the literature search for this study, the researcher accessed over 45 literatures pertaining to the OVC situation, care and the effectiveness of OVC interventions in South Africa and worldwide. The researcher only found three among the 45 OVC literatures that involved or included OVC or their parents/guardians views or perception. The research findings of Africa Leadership Initiative (ALI, 2007:15) point on the same direction stating that the people with the greatest stake in OVC interventions are the children themselves. Unfortunately, children's voices are often not taken directly into account when developing solutions. This is not only at solutions development stage but also at research level. It is evidenced that most research work focuses on all other stakeholders' perceptions (government, donors and other supporting partners) but rarely the children or their parents/guardians who are the primary beneficiaries of these interventions.

This leaves few resources of literature to refer to for this research assessing beneficiaries' perception of OVC interventions. Therefore, the key referenced sources for this study was mainly OVC supporting partners and stakeholders' reports; projects, programmes and governments' reports, research articles; and legislations and policies available on the public domain or accessible on request from organisations' platforms.

Shann, Bryant, Brooks, Bukuluki, Muhangi, Lugalla, and Kwesigabo (2013: 1) quantify the effectiveness of the educational support by estimating the services received by each OVC and establishing a link with the outcome on the OVC education success.

The study addressed how well individual OVC fared under the block grant and scholarship programmes as compared to their OVC peers and non-OVC peers who did not receive any targeted benefit. Outcome measures included absenteeism, dropout, pass rates, and national examination scores. Neliswa (2013: 1) studied the effectiveness of psychosocial services rendered by the Godisanang OVC programme in Rustenburg South Africa. Fifteen (15) caregivers employed by the Godisanang OVC programme were interviewed to determine the value of the psychosocial services rendered by the caregivers of the Godisanang OVC programme to OVC in Rustenburg. In addition, Thurman, Luckett, Taylor, and Carnay (2016:2) evaluated the role of a home visiting programme for orphans and vulnerable children in South Africa using propensity score matching, survey data for children receiving home visits from trained community-based care workers were compared to data from children living in similar households that had not yet received home visits.

The above studies by Shann et al. (2013:9), Thurman et al. (2016:2) and Neliswa (2013: 1) are the most common type of OVC research studies found in the literature where primary beneficiaries views and perception are not considered. The authors applied their mind, methodology to collect other stakeholders' views on the programme but rarely the primary beneficiaries' views.

2.3 CURRENT SITUATION, CHALLENGES AND ACHIEVEMENTS OF OVC PROGRAMMES IN SOUTH AFRICA

2.3.1 OVC situation in South Africa

Mogotlane, Chauke, van Rensburg, Human, Kganakga, Van der Wal, and De Beer (2008:18) report on the situation analysis of child-headed household in South Africa noted that Department of Social Development (DSD) is the custodian of child welfare. DSD is the leader in providing guidelines around the OVC care and support in South Africa. The report highlights that DSD and partners such as the Human Sciences Research Council (HSRC), the Medical Research Council (MRC), the UNICEF, Save the Children and other South African government departments initiated research work that helped in clearly identifying and understanding the South African OVC situation.

The authors noted that the extremely rapid rate of orphan-hood and destitution among children is due to the increasing morbidity and mortality rates among adults because of the HIV/AIDS pandemic, poverty, violence, crime, and motor vehicle accidents. The report noted further that this has resulted in growing numbers of orphans and vulnerable children (OVC) and it became difficult for families and communities to respond in a traditional manner of taking these children into extended families. The situation has led to the emergence of a new form of a family structure: a household headed by one of the affected children, or simply a child-headed household.

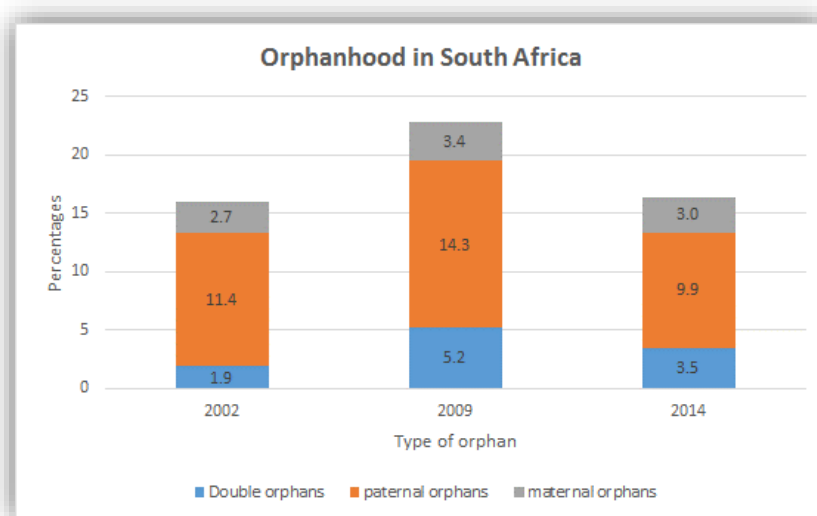


Figure 2-1: Orphan-hood rates in South Africa (2002-2014)

Source: Stats SA (2015)

The above figure compares orphan-hood in South Africa during three years. The figure indicates that 2002 is the baseline and is the lowest level of orphan-hood within the three years where only 16% of children were orphaned. On the contrary, 2009 was the peak of the orphan-hood chart in South Africa where 22.9% children lost one or both of their parents. From 2009 to 2014, there is a huge drop (6.5%) of parent death rate with only 16.5% of children losing one or both of their parents. The drop reflects the progress made in HIV care services and awareness from 2009 to 2015. However, that still above the 2002 baseline recorded numbers.

Mogotlane et al. (2008:18) note that DSD understood that OVC crisis impacts on the societal framework and has profound implications for the well-being of children and the realisation of their rights.

It disrupts family and community functioning and affects the rearing and development of children. It became clear that the approach that could help in tackling the OVC crisis should focus on strengthening the existing or remaining family structure.

2.3.2 Challenges faced by OVC care and support stakeholders

The ALI (2007:16) publication on OVC in South Africa Problem, Perceptions, Players and Possibilities for change highlighted challenges faced by the different stakeholders involved in OVC care and support in South Africa. Table 2.1 below presents each stakeholder role and challenges they are facing:

Table 2-1: ROLE AND CHALLENGES FACED BY STAKEHOLDERS

Stakeholder	Role	Challenges
Government	<ul style="list-style-type: none"> - Establishing regulations and framing policies to guide and support OVC care and support - Opening up linkages between sectors, institutionalising successful approaches and taking them to scale, and coordinating a national response. 	<ul style="list-style-type: none"> - Implementation and integration: Clash on responsibilities between departments and communication crisis between department - Leadership and reliance on NGOs and CBOs: The reliance on NGOs and CBOs for service delivery and success always depends on whether there is a local leadership to support initiatives - Data management and documentation: A good data management can allow to inform the implementation, the resources allocation and demonstrate the interventions success and provide accountability.
Community-based Organisations	Providing service delivery to the community	<ul style="list-style-type: none"> - Under-resourced: Run by volunteers, the CBOs have limited funding

(CBO's)		<ul style="list-style-type: none"> - Limited human capacity and knowledge in the field: CBOs often run by volunteers community members without previous experience
Non-governmental Organisations (NGO's)	<ul style="list-style-type: none"> - The NGOs mobilise and disburse resources, advocate, develop and implement models for care, and facilitate coordination of service delivery. - They often liaise and partner actively with CBO's and community structures helping to channel resources and build capacity 	<ul style="list-style-type: none"> - Competition for funding - Duplication of activity - Short-term planning - Limited capacity and skills. - In addition: - Inefficient use of resources - Focus on helping individual children rather than on systemic solutions - Donor accountability and donor requirements taking priority on beneficiaries' real needs.
Faith-based organisations (FBO's)	<ul style="list-style-type: none"> - Faith-based organisations are formed by people who share a common religious belief. They often have a high degree of trust and legitimacy among their communities. - Faith-based communities can play a vital role in communicating important messages to communities as well as providing material and spiritual support to people in need. 	<ul style="list-style-type: none"> - FBO's often work purely within their own constituencies and have minimal interaction, collaboration or information exchange with CBO's and NGO's which - FBO's tend to be more secular in their approach. In addition, because of their focus on values and good behaviour, stigma towards victims of HIV/AIDS can be rife in these Communities. -
Business	Businesses are active through their foundations, Corporate Social Investment programmes,	The priorities of business are driven more by legal compliance and PR opportunities than by a motivation to

	<p>employee giving and volunteering schemes. They help to provide key resources, such as financial support and mentoring, as well as providing support structures for their own employees and families, and getting involved in the communities surrounding their business.</p>	<p>see impact on the ground.</p>
<p>International donors</p>	<p>The international donors often have a close relationship with government, and are dependent on government partnerships. They may provide funding or technical support through government.</p>	<ul style="list-style-type: none"> - Key challenge for big donors is how to channel funding to the local level: The grant amounts offered are usually large, there are time lags between proposal submission and disbursement of funds. - Application procedures and reporting requirements are often too complex and too much of an administrative burden for small organisations to meet. - Often short term grant makes long-term planning difficult. - Limited cooperation and communication among global donors inadvertently foster competition rather than cooperation among their grantees - Donor-driven approach requirements taking priority over local context adapted approach

Universities and Research Institutions	The academic community researches and publicises issues related to OVC, and does advocacy work	<ul style="list-style-type: none"> - Very limited research on OVC innovations - Existing research are not there widely shared Information often does not reach people at the frontline.
Media	The media has a crucial role to play in raising awareness around the issue. In particular, media helps to reach out at a societal level to bring the issue to the attention of members of the broader public who are not directly affected but who do have power to help.	The OVC issue is rarely profiled, and the children have little if any voice.

ALI report (2007)

2.3.3 Achievements in OVC care and support in South Africa

The situation analysis demonstrates that DSD and its partners achieved remarkable milestones in addressing OVC crisis in South Africa. Among these achievements, the following will describe:

- Identification of OVC care and support actors and structures;
- Identification of OVC care and support areas requiring services; and
- Identification and establishment of OVC care and support legislations and policies.

2.3.3.1 Identification of OVC care and support actors and structures led by the South Africa Government

Mogotlane et al. (2008:18) show that the early understanding of the social complexity of the OVC crisis led South Africa to open up to a cross sectorial and multidisciplinary approach and involvement of different shareholders in drawing solutions to the OVC crisis.

The ALI (2007:8) explained that no one group or institution could solve this problem on their own. Government, civil society, business, communities, individuals, media, academics, faith-based groups, and children themselves all have to be involved. Figure 2.2 below shows the cross sectional stakeholders OVC care and support model approach.

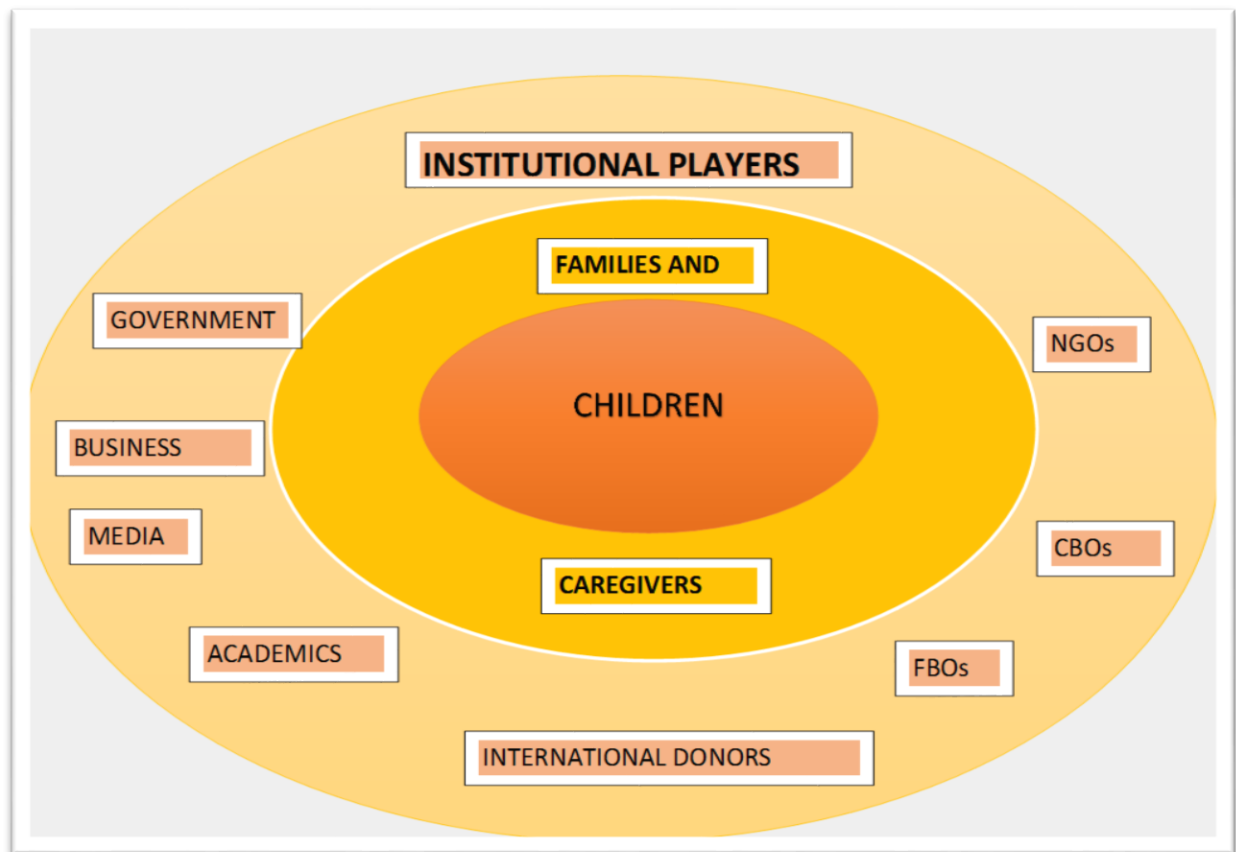


Figure 2-2: South African OVC cross sectional stakeholder approach (ALI: 2007)

Figure 2.2 above shows that the children are in the centre of the South African OVC care and support approach. Families and the Community Caregivers (CCGs) are the closest actors in the inner circle providing care and support to OVC. Different institutional players who have all different roles and face different challenges as described in Table 2.1 support the families and CCGs

2.3.3.2 Identification of OVC care and support areas requiring services (needs assessment)

A clear identification of areas needing emergent interventions was key in establishing the current OVC support structure and services. Davids, Nkomo, Mfecane, Skinner, and Ratele (2006:74) conducted a study on the interventions for OVC and the core dynamics affecting OVC in the communities of three countries, namely, South Africa, Botswana and Zimbabwe. The study found that poverty was viewed to be the major factor that would lead to OVC not being cared for in future. OVC were found to be more vulnerable owing to poverty, abuse, violence, and many other causes. Nations are addressing these issues guided by the core service areas identified by stakeholders involved in OVC care and support during the Millennium Summit in 2000. Furthermore, these were refined at the United Nations General Assembly Special Session on HIV/AIDS in 2001 and reinforced in 2002 in 'A World Fit for Children', the outcome document of the UN General Assembly Special Session on Children (UNICEF, 2007: 4). Those core areas are adapted by each country to fit their OVC community need and address the country OVC specific needs but are all oriented to respond to the basic needs and human rights of children (DSD, 2005:12). They are also aligned with the core areas of support for OVC programmes established by the US government PEPFAR/USAID, which is an important and deeply involved partner in OVC care and support in South Africa and worldwide (PEPFAR, 2012:26). According the DSD framework for orphans and children made vulnerable by HIV and AIDS (2005:12), in order to support the core service areas and partners implemented in communities, the South African government approach involves different departments and services that have crucial input in those areas.

DSD's core OVC services areas in South Africa are the following:

- Child Protection intervention: Many OVC are victim of abuse by their communities' members and even close families. It was determined that OVC's right should be protected and this includes legal protection.
- Educational support: Education is key to empower OVC so that they can grow and become independent adults. Shann et al. (2013:1) demonstrate

that providing support to OVC to attend secondary school is not only important, but effective. The study also demonstrated that supported children performed at least as well as their non-OVC peers and in some cases better.

- Psychosocial support was described by Nugent and Masuku (2007:1) as the effort to meet on-going emotional, social and spiritual needs of OVC. Most OVC go through very traumatic experiences. It was identified that psychosocial support will help supporting OVC psychologically and help their social integration.
- Health and nutrition support: OVC are exposed to conditions that are threatening to their health. Many of them are living with infected parents or are infected themselves. Most OVC struggle to access food and running the risk of suffering malnutrition.
- Household Economic Strengthening (HES) as defined by PEPFAR aims to reduce the economic vulnerability of families and empower them to provide for the essential needs of the children. This is key to the South African context especially because of the child-headed household (CHH) phenomenon.

2.3.3.3 Identification and establishment of OVC care and support legislations and policies

2.3.3.3.1 Legislation and legal framework in SA

South Africa also established solid legal framework and policies to ensure that OVC are protected, guided and supported (DSD, 2005). Under the South African legislation, few important acts and bills guide and contribute to OVC care and support.

These include the following:

The Constitution of the Republic of South Africa, Act No. 108 of 1996: The South African Constitution, Act 108 of 1996 is the basis of human rights in South Africa. All rights contained in the South African Bill of Rights apply equally to adults and children. Section 28 of the Constitution deals specifically with rights that children have in addition to all other rights contained in the Bill of Rights.

The Non-Profit Organisations Act No. 71 of 1997: The Non Profit Organisations (NPO) Act provides for the voluntary registration of NPOs, and the NPO Directorate within the DSD is responsible for the registration of NPOs. The primary purpose of the Act is to encourage and support organisations in their contribution to meeting the diverse needs of the population of South Africa, specifically children.

The Social Assistance Act No. 59 of 1992: The Social Assistance Act provides for the rendering of social assistance to persons. The Act was amended in 1994 to further regulate the making of grants and financial awards to certain persons and bodies. In 1997, the Welfare Laws Amendment Act, 1997 amended the Social Assistance Act, 1992 in order to provide for uniformity of, equality of access to, and effective regulation, of social assistance throughout the Republic. Moreover, this amendment led to the introduction of the child-support grant, to do away with capitation grants. Furthermore, the amendment aimed to abolish maintenance grants subject to the phasing out of existing maintenance grants over a period not exceeding three years, to provide for the delegation of certain powers, and to extend the application of the provisions of the Act to all areas in the Republic. An amendment to the Social Assistance Amendment Act No 12 of 2004 was passed in June 2004 and makes provision for easier access to government services in respect of social assistance through the establishment of a national agency.

The Guardianship Act No. 192 of 1993: This deals with common law system that places a child without a guardian under the guardianship of the High Court. The Act is applicable to a child up to the age of 21 years.

The Child Care Act No. 74 of 1983: The Child Care Act No 74 of 1983, together with the Child Care Amendment Act No 96 of 1996, is legislation for the protection of children. The Act allows for Children's Courts; the appointment of Commissioners of Child Welfare; procedures and processes for investigating abuse and neglect; and also, where appropriate, for a child to be determined "in need of care". Social work assessments and reports are a condition of the Act and the Court has the jurisdiction to order that a child is placed in the alternative care form of foster care, adoption or residential care. Foster care is the recommended response for the care of orphans where their circumstances determine this to be appropriate.

The South African Schools Act No. 84 of 1996: The Act makes school attendance compulsory for learners between the ages of 7 and 15 years and provides for learners to be exempted from the payment of school fees under certain conditions.

The National Health Act No. 61 of 2003: The National Health Act recognises children as a group that requires special attention and provides for free primary health care for children under the age of six years who are not members or beneficiaries of medical aid schemes.

Medical Schemes Act No. 131 of 1998: Protects children and/or their caregivers against unfair discrimination based on their HIV status.

The Births, Marriages and Deaths Registration Act No 51 of 1992: This Act provides for the registration of birth, death, marriage, and the procedures and requirements to obtain the certificates, which includes an identity document.

The Domestic Violence Act No of 1998: The Act allows the removal of the alleged perpetrator of family violence rather than the victim, the issuing of protection orders against perpetrators, the child to approach the court for a protection order without adult assistance.

The Sexual Offences Act No of 1957: This Act covers specific forms of child sexual abuse including the prohibiting of child prostitution. The Act also provides that children giving evidence in criminal cases must be declared vulnerable witnesses and afforded additional protection measures, including the use of the Intermediary System. Amendments to this Act were tabled in 2002 as the Sexual Offences Amendment Bill and are awaiting promulgation. In addition, a separate Bill known as the Compulsory Testing of Alleged Sexual Offenders Bill also was promulgated.

The Child Justice Bill: This Bill is based on the principles of restorative justice and aimed at children in conflict with the law. The Bill emphasises the individual assessment of each child; aims to keep children within their families and to protect children from the damaging effects of courts and prisons. The Bill will likely be passed during 2005.

The Housing Act No. 107 of 1997: This Act prioritises meeting special housing needs, as well as provisions of subsidies for low cost housing schemes.

2.3.3.3.2 Policies supporting OVC Care and support

White Paper for Social Welfare, 1997: The White Paper sets out the principles, guidelines, proposed policies, and programmes for developmental social welfare for the era post 1994. This includes and mentions specifically vulnerable groups and groups at risk including young people, women, migrants, single parents, orphans, children of parents who are ill and dependants in a household who are particular vulnerable.

The National HIV/AIDS/STD Strategic Plan for South Africa: (2000) The National HIV/AIDS/STD Strategic Plan was initiated by the Minister of Health and developed jointly with the DSD and the Department of Basic Education (DBE) to guide South Africa's response to the HIV and AIDS epidemic. The plan is based primarily on the understanding that no single ministry, department or sector can be solely responsible for addressing the epidemic. The Plan envisages that each department and sector would develop strategic plans and that the different efforts should be harmonised.

The National Integrated Plan for Children and Youth Infected and Affected by HIV/AIDS (NIP) (2000): The NIP was launched in 2000 to ensure that individuals, households and communities, especially the children affected by HIV/AIDS have access to an appropriate and effective integrated system of prevention, care and support services at community level.

National Guidelines for Social Services to Children Infected and Affected by HIV/AIDS 2003: These were designed to assist all organisations and persons programming for services to children infected and affected by HIV/AIDS. These guidelines were designed to assure that the provision of community based care and support as well as the intervention approach adopted by the DSD, takes into account community needs, cultural practices and protects the rights of children.

This study involved around the three factors described as achievements above. The OVC support actors and structures; the services they are providing to OVC and the legislation and policies guiding them. These factors were key in guiding our analysis and findings.

2.4 GAPS IN THE RESEARCH RELATED TO THE PERCEPTIONS OF PARENTS/GUARDIANS ON THE EFFECTIVENESS OF OVC PROGRAMMES

This study addresses two gaps in the research, firstly the scarcity of empirical analysis of beneficiaries' perceptions and the need for beneficiaries input on OVC programmes design and implementation. In addition, the limited number of academic analysis of the OVC programmes in general and of the Future Families Initiative in particular to explore the possibility of learning and improvement with direct beneficiaries inputs on OVC service delivery support.

As described on their website, the Future Families initiative holds itself to the goal of providing a comprehensive community support services to families affected or infected by HIV/AIDS. The support is provided through activities, which are aligned to the DSD and USAID/PEPFAR OVC care and support priority core areas in South Africa: *Child protection intervention, support to access antiretroviral, HIV prevention education, psychosocial support, educational support and household economic strengthening*

This study asked the parents/guardians a series of perception questions in order to estimate whether the Future Families initiative is achieving its goal. In addition, this study attempted to retrieve recommendations that can be of benefit to the Future Families programme and to the OVC programmes, actors and beneficiaries in general. The intention of this study was to help policymakers make adjustments that can improve the buy in of and beneficiaries' satisfaction with the Future Families Initiative in particular and the OVC programmes in general and to assist in further advocacy of beneficiaries' involvement in OVC programmes and activities design.

2.5 THEORETICAL FRAMEWORK OF THE STUDY

The researcher has identified two models that will be combined to serve as theoretical framework for this study. The Health Belief Model (HBM) was used to describe factors that influence parents/guardians perception of Future Families programme and lead to their buy in or rejection of future families offered programme. Rick Chesser basic qualities of the balanced project criteria developed in 1998 in Maryland and published by Ward (2005:2) from the University of Florida in “Measuring the effectiveness of community impact assessment”. The researcher used those criteria to triangulate with the parents/guardians perceptions of the programme and make judgement on the effectiveness of the Future Families’ programme.

These two models combined to make a strong theoretical framework around, which the components of this study can be built.

2.5.1 Health Belief Model

Considering that the primary purpose of this study was to determine the perceptions of parents/guardians on the Future Families programme interventions, the HBM is well indicated because it is a social-cognitive model often used to examine perceptions and attitudes of public participation towards health prevention programmes. For this study, the HBM will fit the purpose of providing all required frames to portray the parents/guardians perceptions and attitudes toward the Future Families programme interventions. Glanz, Rimmer and Viswanath (2008:46) indicate that the HBM was first developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels working in the United States Public Health Services. The model was developed in response to the failure of free tuberculosis (TB) health screening programme. Since then, the HBM has been adapted to explore a variety of long- and short-term health behaviours, including sexual risk behaviours and the transmission of HIV/AIDS.

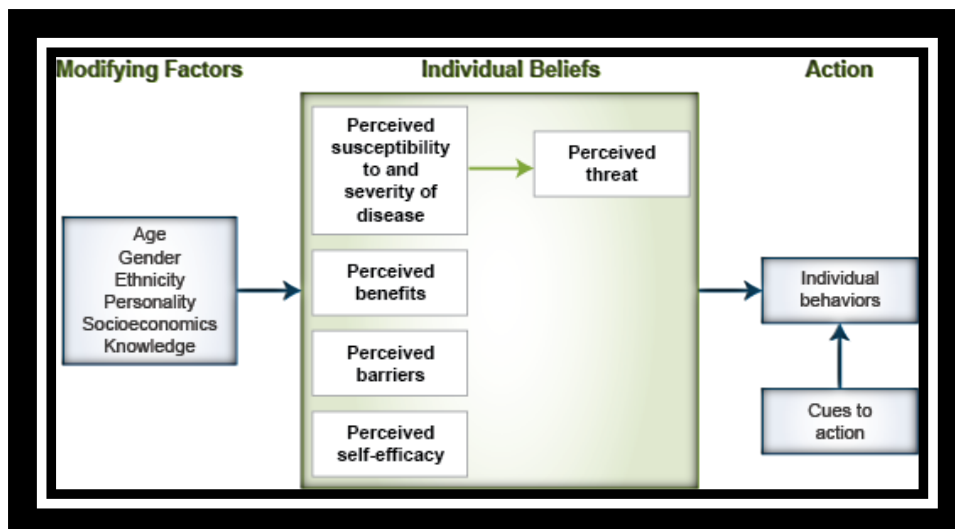


Figure 2-3 HBM Conceptual Model Glanz et al. (2008:49)

2.5.1.1 Theoretical constructs of HBM

Glanz et al. (2008:47) explain that the following four perceptions serve as the main constructs of the model:

Perceived Susceptibility: Perceived susceptibility refers to beliefs about the likelihood of getting a disease or condition. For instance, a woman must believe there is a possibility of getting breast cancer before she will be interested in obtaining a mammogram. For the purpose of this study, perceived susceptibility was examined as the parents/guardians believe in a possibility that their poor household condition, orphan-hood or other conditions can make their child/children vulnerable. In addition, perceived susceptibility was used to define population(s) at risk, risk levels; personalise risk based on a person's features or behaviour; heighten perceived susceptibility if too low.

Perceived Severity: Feelings about the seriousness of contracting an illness or of leaving it untreated include evaluations of both medical and clinical consequences (for example, death, disability, and pain) and possible social consequences (such as effects of the conditions on work, family life, and social relations). The combination of susceptibility and severity has been labelled as perceived threat.

In this study context, perceived severity refers to the extent in which the parents/guardian perceive severity or level of vulnerability the child/children are exposed due to the poor household condition or other vulnerability factors. Perceived severity is applied to specify consequences of the risk and the condition.

Perceived Benefits: Even if a person perceives personal susceptibility to a serious health condition (perceived threat), whether this perception leads to behavioural change will be influenced by the person's beliefs regarding perceived benefits of the various available actions for reducing the disease threat. Other non-health-related perceptions, such as the financial savings related to quitting smoking or pleasing a family member by having a mammogram, may also influence behavioural decisions. Therefore, individuals exhibiting optimal beliefs in susceptibility and severity are not expected to accept any recommended health action unless they also perceive the action as potentially beneficial by reducing the threat. For this study purpose, the perceived benefit will be looked as the extent to which the parents/guardians perceive benefit on Future Families' activities and see in them actions that can potentially reduce the vulnerability threat on their child/children. Perceived Benefits were used to define action to take; how, where, when; clarify the positive effects to be expected.

Perceived Barriers: The potential negative aspects of a particular health action — perceived barriers — may act as impediments to undertaking recommended behaviours. A kind of non-conscious, cost-benefit analysis occurs wherein individuals weigh the actions expected benefits with perceived barriers - "It could help me, but it may be..." The perceived barriers refer to factors that affect the beneficiaries' participation to Future Families' activities. Perceived Barriers are used to identify and reduce barriers through reassurance, incentives and assistance.

Each of these perceptions, individually or in combination, can be used to explain health behaviour and in the context of this study, parents/guardians' behaviours toward the Future Families' programme. More recently, other constructs have been added to the HBM. Therefore, the model has been expanded to include cues to action, which is applied to provide how-to share information, promote awareness, use appropriate reminder systems, and self-efficacy, which is applied to provide training and guidance in performing action.

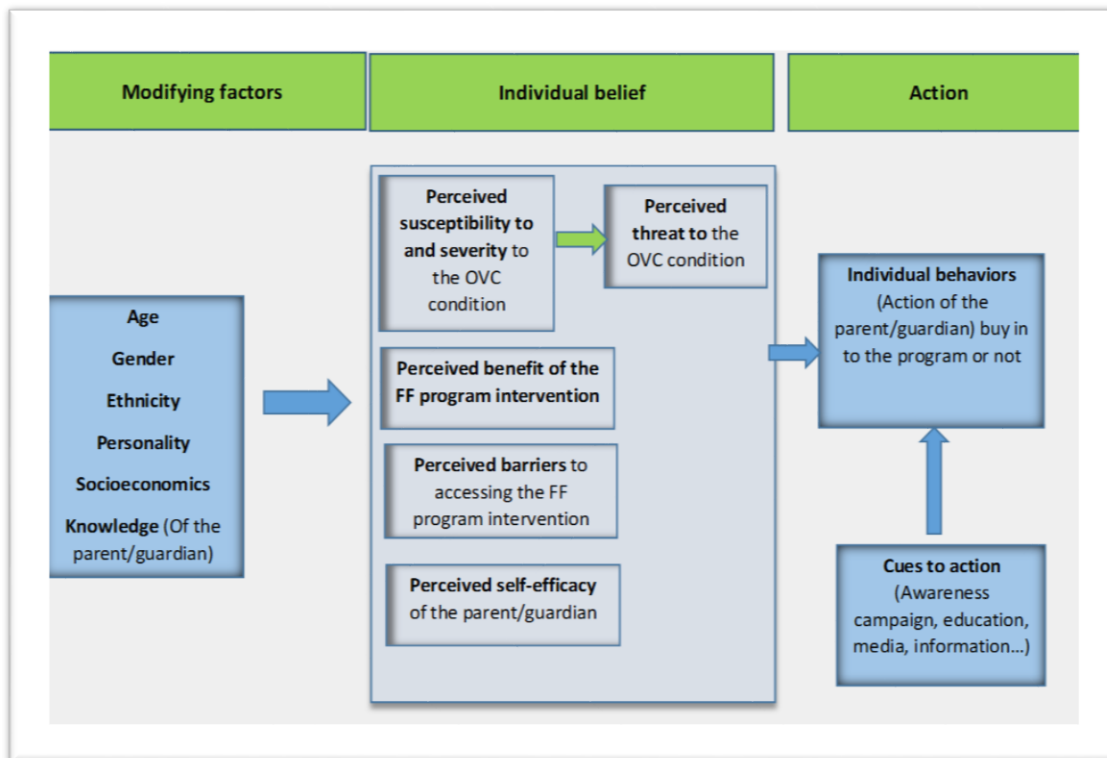


Figure 2-4: Applying the HBM to the OVC programme concept

Eale's adaptation of the Glanz et al. HBM model to OVC context

Figure 2.4 is an adaptation of the HBM model to the OVC care concept. Figure 2.4 is suggesting that the age, gender, personality, socio-economics and knowledge of the parent/guardian (education) are factors that can be expected to influence the parents/guardians perception of the following:

- OVC susceptibility and severity to conditions leading to OVC vulnerability;
- Treat that the conditions represent to the OVC life;
- The above will influence the parent/guardian understanding of the future families programme intervention benefit for the OVC;
- Which will influence how the parent/guardian will overcome his/her perceived barriers to the OVC participation to the future families programme intervention; and
- That will influence the parent/guardian perception on his/her own self efficacy in getting involved and supporting the OVC participation to the programme.

- All above combined will influence the parent/guardian decision of joining or buying into the programme.
- Finally that decision can be cued in favour or disfavour of the programme by media,, community awareness campaigns, information

All these factors combined will have a huge influence on the parent/guardian perception of the Future Families' programme effectiveness in caring for OVC.

2.5.2 Rick Chesser basic qualities of a balanced project

In 1998, Rick Chesser discussed several components of a good assessment, which in 2005 were published. Ward (2005:2) describes recommended core measures in measuring the effectiveness of community impact assessment. Ward noted that Chesser suggested seven basic quality of a balanced project that can serve as criteria for the measurement of projects effectiveness. According to Chesser, an effective project/programme should:

- Satisfy the purpose and needs as agreed to by a full range of stakeholders. For the purpose of this study, the researcher will only consider parents/guardians satisfaction on the Future Families' project purpose and if it meets their children needs.
- The project is safe facility/activities for both the user and the community. Here the researcher will look at beneficiaries' responses indicating if the project interventions are safe for them and their children.
- The project is in harmony with the community, and it preserves environmental, cultural and community values. Here the researcher looked at responses indicating if the project is in harmony with their community cultural, environmental and community values.
- The project exceeds the expectations of both the designers and customers and achieves a level of excellence in public minds. Here the researcher only looked at beneficiaries' responses of the Future Families' project level of excellence.

- The project involves efficient and effective use of the resources (time, budget, community) of all involved parties. In this case, the researcher only assessed beneficiary resources (time, budget, community...)
- The project is designed and built with minimal disruption of the community. Here the researcher looked at responses of none community disruption during Future Families' activities.
- The project is seen as having added lasting value to the community. Here the researcher examined the project intervention lasting impact of beneficiaries' lives.

2.6 CONCLUSION

This chapter reviewed the literature on the OVC programmes in general and the perception of beneficiaries regarding OVC programmes in particular. The author noted a knowledge gap in the absence of literature exploring beneficiaries (OVC or their parents/guardians) views on OVC programmes. Most literatures explore the effectiveness of OVC programmes through the eyes of funders, government or implementers and using programmatic metrics set by the programme team and funders. The chapter also described the OVC situation in South Africa, the key shareholders in OVC support, their roles and the challenges that they are facing in caring for and supporting OVC in South Africa. The chapter further highlighted how South Africa has come a long way in terms of the OVC care and support. The chapter demonstrated how very early in the beginning of the crisis the country took a very bold move toward addressing the OVC crisis by clearly identifying structures, approaches/methodologies and actors that can help facing the OVC crisis. The country has also enacted some good laws and put in place policies in response to the OVC crisis and adapted to the country context. Finally, the researcher proposed to combine the HBM conceptual model to Rick Chesser basic qualities criteria of a balanced project to allow a strong triangulation of information and build a strong theoretical framework that will support the findings of the study. The next chapter describes the research design and methodology.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The previous chapter reviewed and discussed the literature sources or documentations relevant to the perception of parents/guardians regarding OVC programmes in particular and the perception of beneficiaries regarding community-based interventions in general. The review and discussion were based on literature at global, African and South African context. This chapter describes in more detail the research design and methodology briefly described in Chapter 1. This study aimed to explore, describe and understand parents/guardians perceptions on Future Families OVC programme efficiency and the meaning they attach to those perceptions. This chapter will elaborate on the following: Research setting, research designs, assumptions around the study, research methodology, population studied, sample and sampling technique, development and pretesting of data collection instrument, data collection, data analysis, and the ethical considerations that guided this study.

3.2 RESEARCH DESIGN

A research design refers to a plan or blueprint of how the research will be conducted (Babbie & Mouton, 2011:74; Grove, Burns & Gray, 2013:195). Polit and Beck (2012:58) describe research design as the overall plan for obtaining answers to the research questions. Walliman (2011:13) highlights that it provides a framework for the collection and analysis of data and guides on which research methods are more appropriate. For the purpose of this study, the researcher employed a qualitative, explorative and descriptive design to address the research objectives

3.2.1 Qualitative design

According to Creswell (2014:4), qualitative design is defined as an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem.

In qualitative research, inquirers use the literature in a manner consistent with the assumptions of learning from the participant, not prescribing the questions that need to be answered from the researcher's standpoint (Creswell, 2014: 29). De Vos, Strydom, Fouché, and Delport (2011: 308) further underscore that qualitative design is concerned with subjective exploration of reality from the perspective of research participants as opposed to that of the researcher. Qualitative design is defined as a systematic, interactive and subjective approach to collect data in a real world, naturalistic settings to describe the life experiences and give them meaning (Polit & Beck 2012: 488; Creswell 2014:103). All these descriptions of qualitative design makes it the ideal research design in order to explore OVC parents/guardians perception on Future Families programme and the meaning they attach to the service their children receive from Future Families. In order to achieve the objectives of the study, the researcher had to interview the participants to elicit their perceptions on Future Families' work among OVC in Olivenhoutbosch.

3.2.2 Exploratory design

Exploratory research begins with a phenomenon of interest, but rather than simply observing and describing it. Exploratory research investigates the full nature of the phenomenon, the manner in which it is manifested, and the other factors to which it is related (Polit & Beck, 2012:18). In addition, Creswell (2014: 29) note that one of the chief reasons for conducting a qualitative study is that the study is exploratory. This usually means that not much has been written about the topic or the population being studied, and the researcher seeks to listen to participants and build an understanding based on what is heard. The literature review highlighted that research on beneficiaries' perceptions of programmes or interventions are scarce, therefore making an exploratory approach the most suitable design allowing to explore the problem stated in this study.

3.2.3 Descriptive design

According to De Vos, et al. (2012: 321), descriptive studies are those used to describe, analyse and interpret situations and events. The descriptive approach relies on observation as a means of collecting data.

It attempts to examine situations in order to establish what the norm is. It can take many forms, depending on the type of information sought. People can be interviewed; questionnaires distributed; visual records made, and/or even sounds and smells recorded. The important point is that the observations are written down or recorded so that they can be organised and presented in a clear and systematic way to allow valid and accurate conclusions to be reached (Walliman, 2011:10). After exploring the perceptions of OVC parents/guardians, the researcher is interested in describing, analysing and interpreting those perceptions.

3.3 RESEARCH METHODOLOGY

This section describes the research setting, population sampling and sampling technique, data collection, and analysis. Research methodology is defined as steps, procedures and strategies taken to investigate the problem being studied and to analyse the collected data (Polit & Beck, 2012:12).

3.3.1 Research Setting

According to Burns and Grove (2011:40), the research setting is the location in which a study is conducted. The study was conducted at Olievenhoutbosch popularly referred to as Olieven. Olieven is a township situated next to Centurion, Gauteng Province in South Africa. Olievenhoutbosch was established in the 1990s. It covers an area of 11.39 km² (4.40 sq mi) and has a total population of 70,863 (National Geospatial-Intelligence Agency, 2014).



Figure 3-1: South African map showing Olievenhoutbosch: Google map 2018

3.3.2 Population

A population is all the individuals or objects with common, defining characteristics; it is the entire aggregation of cases in which a researcher is interested. (Polit & Beck 2012:59; 2012:273). Polit and Beck (2012:273) refer to a target population as the aggregate of cases about which the researcher would like to generalise. Gerrish and Lacey (2010:143) elaborate further stating that it is the total population that forms the focus for a study

The accessible population refers to the subset of the target population from which the sample will be drawn (Gerrish & Lacey, 2010:143). It is the portion of the target population to which the researcher has reasonable access (Burns & Grove 2009:351). Accessible population can also be defined as the proportion of the target population that is available to be researched and meet the eligibility criteria (Burns & Grove 2005: 341). The target population comprised all parents/guardians of OVC enrolled on Future Families Olievenhoutbosch” who complied with the following eligibility criteria:

3.3.3 Eligibility Criteria

- Any person above the age of 18 officially appointed or recognised as caring and living under the same roof with a child or children currently benefiting of Future Families services Olievenhoutbosch.
- The person should be guardian of OVC listed under the Future Families database.
- The person should be identified as guardian under the Future Families database.
- The person is guardian of an OVC who is benefiting of Future Families services for at least three months.
- The person should be South African citizen.
- The person should be able to speak and understand basic English.
- The person should have legal capacity to give consent.

3.3.4 Sampling

Polit and Beck (2012:275) refer to sampling as a process of selecting a portion of the population to represent the entire population so that inferences can be made. Burns and Grove (2011:51) state that sampling involves “selecting a group of people, events, behaviour or other elements with which to conduct a study”. In support, Babbie and Mouton (2011:174) concur that the purpose of sampling is to select a set of elements from a population in such a way that descriptions of those elements accurately portray the parameters of the total population from which the elements are selected. Polit and Beck (2012:275) define a sample as “a subset of population elements”. For this study, sampling is the process of selecting the portion of parents/guardians to represent the entire population of Future Families parents/guardians.

3.3.5 Sampling Technique

For the purpose of this study, the researcher requested and obtained permission (see annexure 4) to access the Future Families database. Furthermore, the researcher held a fieldwork orientation meeting with the Future Families Community Care Workers (CCWs). The purpose of the meeting was to provide the CCWs with guidance on inclusion criteria and obtain their inputs on potential participants' location, availability and accessibility, which informed the selection of the most conveniently available participants. Convenience sampling entails using the most conveniently available people as participants (Polit & Beck, 2012:276).

Polit and Beck (2012:515) note that in qualitative research, researchers begin with the following types of sampling question in mind: Who would be an information-rich data source for my study? Whom should I talk to or observe to maximize my understanding of the phenomenon? A critical first step in qualitative sampling is selecting settings with high potential for information richness. For the purpose of this study, the researcher identified parents/guardians of children attending future families services as the richest source of information related to this topic. Future Families database was identified as the richest participants' source from which the researcher could find detailed information about parents/guardians who met the eligibility criteria. Polit and Beck (2012:515) accentuate that as the study progresses, new sampling questions emerge, such as the following: Who can confirm my understandings? Challenge or modify my understandings? Enrich my understandings? Therefore, as with the overall design in qualitative studies, sampling is emergent and capitalises on early learning to guide subsequent direction. Through this research process, the researcher followed the flexibility offered by the qualitative design also described by Creswell (2014:186) stating that the research process for qualitative researchers is emergent. This means that the initial plan for research cannot be tightly prescribed, and some or all phases of the process may change or shift after the researcher enters the field and begins to collect data.

3.4 DATA COLLECTION

3.4.1 Field work description

Oxford Online English Dictionary (2018) defines fieldwork as practical work conducted by a researcher in the natural environment, rather than in a laboratory or office. This study fieldwork took place from the 2nd November 2017 to the 30 June 2018. The interviews were conducted in English. Fifteen (15) interviews were conducted but only 13 were analysed. The other two were pilot interviews. The assistant researcher helped with phone calls to schedule appointment and a home visit was booked to conduct the face-to-face interviews at participants' residences.

3.4.2 Data collection approach

Data collection is the process of choosing and gathering data from the participants (Grove et al. 2013:523). Polit and Beck (2012: 725) support on the same note that data collection is the gathering of information to address a research problem. For this study, the data were collected through face-to-face in-depth semi-structured interviews with a list of topics to cover rather than a specific series of questions to ask. De Vos, et al. (2012: 342) refer to an interview as a social relationship designed to exchange information between the participant and the researcher. The advantage of the interview is that the participant could provide historical information on their experience with Future Families and the researcher could keep control over the line of questioning with follow-up and clarification (Creswell, 2014:191). The researcher also kept note of observations of participants non-verbal cues used for the interpretation of participants feelings and reactions toward questions. The observational notes were valuable during data analysis.

The researcher kept in mind that the main purpose of this research is to explore and describe OVC parent/guardian's perceptions regarding Future Families programme effectiveness in surviving OVC in Olievenhoutbosch and collect their recommendation to inform the programme.

The grand tour study question asked to all participants was: *“What are your perceptions as parents/guardians regarding Future Families interventions?”*

This grand tour question was followed by these two probing questions:

- How effective is the Future Families OVC programme in meeting OVC needs in Olievenhoutbosch?
- What recommendations can be made to Future Families in Olievenhoutbosch or OVC programmes funders to motivate the inclusion of guardians/parents participation in interventions design?

The researcher shared, read and explained the participant information letter, which described the study objectives to the participant and explained how and why they were selected. The researcher also clearly explained that their participation is of voluntary nature and they could withdraw their participation at any time without consequences. Participants who agreed to be part of the study signed the consent form that was attached to the participant information letter for signature. After each interview, the researcher thanked the participants and explained how the data will be stored and used.

A digital voice recorder was used with the participants consent to record the participants responses. The researcher also took fieldwork note and kept record of observed non-verbal behaviours. Voice records were transcribed verbatim. To protect the participants' privacy, anonymity and confidentiality, the researcher used codes and not the participants' names on the transcription.

3.4.3 Data collection tool

Describing data collection in qualitative study, Creswell (2014:1985) note that the researcher is the key instrument for collection because they collect data themselves through examining documents, observing behaviour, or interviewing participants. An interview guide/protocol (see annexure 2) was developed and used to guide the interview (Creswell, 2014:194). The interview guide contained the grand tour question and probing questions described under data collection approach.

3.4.4 Pilot study

A pilot study is a small-scale version or trial run designed to test the methods to be used in a larger, more rigorous study (Polit & Beck, 2012:195). In the context of this study, pilot testing had the purpose of pretesting the interview guide. Two interviews were completed as pilot testing, which allowed the researcher to become alert of his own level of interviewing skills and familiarised himself with the questions to be asked (De Vos, et al. 2012: 349). From the two pilot interviews, it also became apparent that 30 minutes duration in average would be adequate for each interview.

3.4.5 Participants selection /Recruitment

The researcher obtained permission from the Future Families national office to conduct this study (see annexure 4). The authorisation letter allowed the researcher to access Future Families database and purposefully make a list of potential participants who met the inclusion criteria. Moreover, the researcher received assistance from the Future Families CCWs to get guidance on selected participants location, accessibility and availability. The research assistant helped in making calls and booking appointment with available respondents.

3.4.6 Data saturation

The number of participants was determined by the criteria of saturation. Brink et al (2012:141) assert that data saturation is the point at which new data no longer emerge during the data collection process. Burns and Grove (2011:317) buttress that data saturation occurs when additional participants do not provide any new information but only redundancy of data collected and when the themes emerging become repetitive. Creswell (2014: 189) indicates that saturation is reached when the researcher stops collecting data because fresh data no longer sparks new insights or reveals new properties. In this study, data saturation was reached after 13 interviews.

3.5 DATA ANALYSIS

Grove et al. (2013:46) define data analysis as the process that reduces, organises and gives meaning to data. In the same vein, Polit and Beck (2012:556) affirm that the purpose of data analysis is to organise, provide structure to, and elicit meaning from data. The authors elaborate further stating that in qualitative studies, data collection and data analysis often occur simultaneously, rather than after data are collected. The search for important themes and concepts simultaneously begins from the moment data collection gets underway. For this study, the researcher used spiral data analysis approach that is a data management and analysis process that follows a spiral circular movement with the purpose of getting a sense of volumes of data and immersing in the details of data (Creswell, 2014:182).

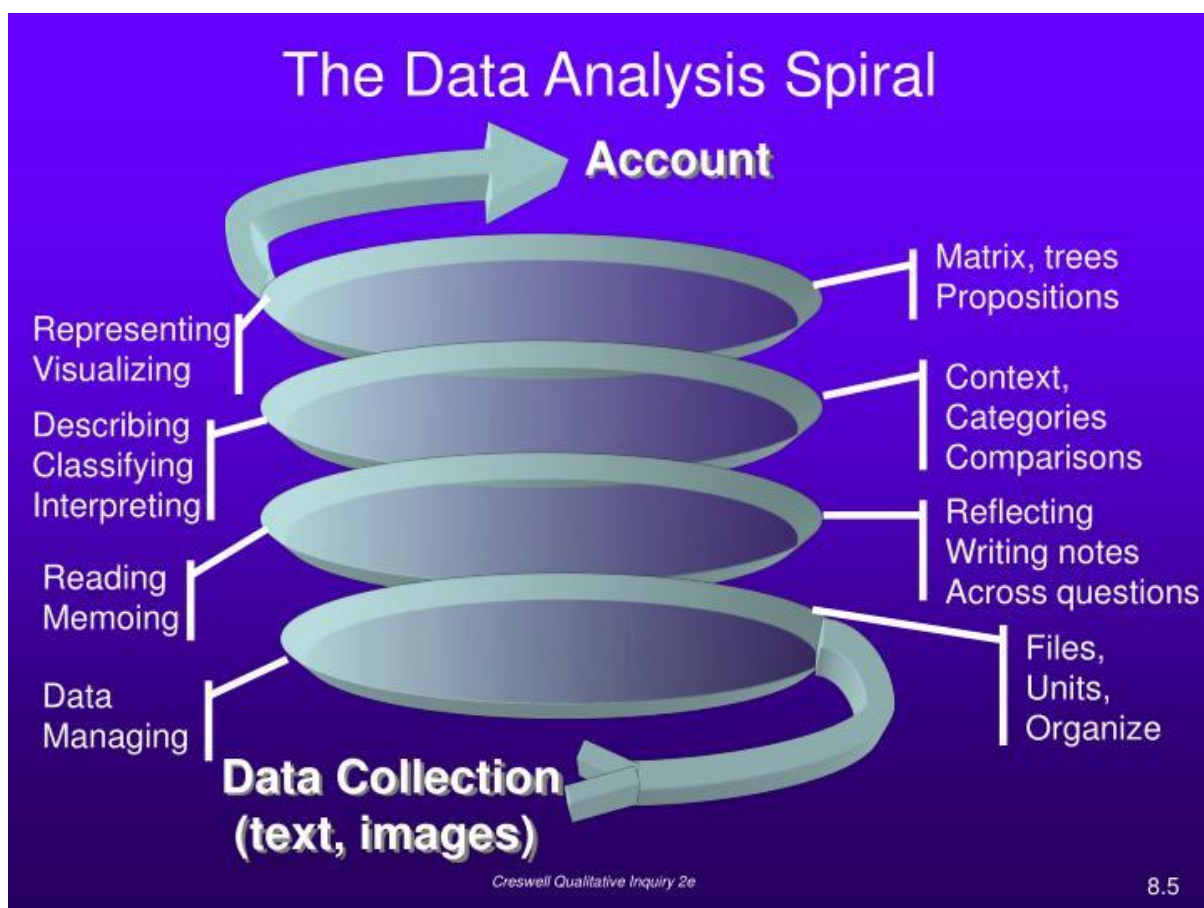


Figure 3-2: Creswell Spiral qualitative analysis approach (Wagner, 2012)

The information pertaining to the figure above is discussed in the paragraphs that follow below:

3.5.1 Organising the data, Reading and Memoing

This section describes Creswell Spiral qualitative analysis approach represented on Figure 3.2 above.

3.5.1.1 *Organising the data*

As represented by the Figure 3.2 above, Creswell (2014:182) explains that researchers typically organise their data into computer files. Researchers convert their either files to appropriate text units such as the word, sentence and entire story for analysis by hand or computer. For this study, all interviews were transcribed verbatim and captured into Microsoft Office Word format and each file was labelled with a transcript code generated by the researcher. The researcher loaded all the 13 interviews into QDA Miner Lite version 2.0.1, which is a free and easy-to-use version of popular computer assisted qualitative analysis software. It can be used for the analysis of textual data such as interview, news transcripts and open-ended responses (Provalis Research, 2018).

3.5.1.2 *Reading and memoing*

Using the QDA Miner Lite version 2.0.1, the researcher was able to review and read all 13 transcripts several times to identify and extract the main themes and sub-themes while listening to the audio. Streubert and Carpenter (2011:128) define memoing as the informal notes taken by the researcher to capture ideas that emerge from theoretical codes and relationships among the codes. The researcher took informal notes using a codebook to capture the ideas about the data, emerging themes and sub-themes, which later were loaded on the QDA Miner Lite software version 2.0.1. The initial codes were not all definitive the researcher went through repeated reading and memoing of all the interviews transcripts to obtain comprehensive categories of codes as described by Polit and Beck (2012:559). It took several times reading of the material to grasp its nuances. Furthermore, the authors warned that researchers often

discover during coding that the initial categories were incomplete. Making changes midway is often vexing, but the researcher understood as stipulated by Polit and Beck (2012:559) that a comprehensive category system is vital and made the necessary changes to obtain the most comprehensive categories.

3.5.1.3 *Description, classification and interpretation of data*

At this step, the research built detailed descriptions, developed themes or dimensions and provided interpretation in light of their own views or views of perspectives in the literature (Creswell, 2014:184). The researcher using QDA Miner Lite version 2.0.1 went through the 13 interviews highlighting and inserting sub-themes emerging from the respondents' text under each corresponding theme. QDA Miner Lite version 2.0.1 has the advantage of automatically extracting the text highlighted by the researcher which can be presented as quotes from the participants "participants own word" allowing the researcher to cross-check the participant meaning to the theme and sub-theme category and move the quote under another category if required. While using the QDA Miner Lite version 2.0.1 for coding, the researcher ensured to adhere to Tesch's eight steps in the coding approach as described by Creswell (2012:199):

- Get a sense of the whole. Read all the transcriptions carefully. Perhaps jot down some ideas as they come to mind as you read.
- Pick one document (i.e., one interview)—the most interesting one, the shortest, the one on the top of the pile. Go through it, asking yourself, "What is this about?" Do not think about the substance of the information but its underlying meaning. Write thoughts in the margin.
- When you have completed this task for several participants, make a list of all topics. Cluster together similar topics. Form these topics into columns, perhaps arrayed as major, unique, and leftover topics.
- Now take this list and go back to your data. Abbreviate the topics as codes and write the codes next to the appropriate segments of the text. Try this preliminary organising scheme to see if new categories and codes emerge.
- Find the most descriptive wording for your topics and turn them into categories. Look for ways of reducing your total list of categories by grouping

topics that relate to each other. Perhaps draw lines between your categories to show interrelationships.

- Make a final decision on the abbreviation for each category and alphabetise these codes.
- Assemble the data material belonging to each category in one place and perform a preliminary analysis.
- If necessary, recode your existing data.

3.5.1.4 *Representing and visualising data*

The final phase of Creswell approach consists on the representation of the data by the researcher (Creswell, 2014:187). After the coding of the 13 interviews using QDA Miner Lite version 2.0.1, the researcher was able to export to an excel spreadsheet showing all themes, sub-themes as shown in Chapter 4. The extraction of participants' codes linked to their quotes and all linked to themes and sub-themes also were extracted and exported from QDA Miner Lite version 2.0.1 to Excel. The researcher started packaging the finding as text extracting excel pivots tables linking themes to sub-themes and allowing to link a quote back to each participant code. This prepared a smooth writing of the finding where participants' quotes could justify the researcher themes and sub-themes while building a strong support the researcher findings.

3.6 ETHICAL CONSIDERATIONS

Polit and Beck (2012:150) state that when humans are used as study participants, care must be exercised to ensure that their rights are protected. Ethics can be challenging because ethical requirements sometimes conflict with the desire to produce rigorous evidence. In addition, Polit and Beck (2012:336) stress that when research involves humans their rights must be protected. The goal of ethics in research is to ensure that no one is harmed or suffers adverse consequences from research activities. In response to human rights violations, various codes of ethics have been developed around the world. For the purpose of this study and considering the South African context, the researcher followed the ethical practices prescribed under the National Health Act (NHA) no. 61 of 2003, which stipulate the fundamental

principles of research ethics in South Africa. In its Chapter 9, the Act clearly prescribes aspects under which health research should be conducted (South Africa 2003:69) and in section 71, the Act requires the research on human participants to be conducted within ethical, professional and legal frameworks. The researcher considered to the following basic principles:

3.6.1 Permission to conduct the study

In compliance with section 73 of the National Health Act 61 of 2003, the researcher requested and obtained permission to conduct the study from Unisa Ethics Committee and the Future Families Head Office. A copy of the clearance certificate from the Ethics Scientific Committee and a permission letter from Future Families are included as the annexures 1, 3 and 4.

3.6.2 Informed consent

Rose, Aburto, Hagemann, and Shahnazarian (2009:3) assert that informed consent is a voluntary agreement to participate in research conducted using human subjects. It is not merely a form that is signed but is a process, in which the subject has an understanding of the research and its risks. Informed consent means that participants have adequate information about the research, comprehend that information, and have the ability to consent to or decline participation voluntarily (Polit & Beck, 2012:157). To ensure participant consent was not coerced or influence by any other factors the researcher strictly communicated to participants the following 15 pieces of information highlighted by Polit and Beck (2012:158) and explained the consent form with the participant:

The content of informed consent

- **Participant status:** Clear explanation was given to make the participants understand that the research exercise was not part of the Future Families services but strictly an independent study. They were also informed that the data they are providing would be used for research purposes only.

- **Study goals:** The overall goals of the research were clearly stated, in lay terms. The data use was clearly described.
- **Type of data:** Participants were told about what type of data will be collected.
- **Procedures:** A short and clear description of the data collection procedures was provided
- **Nature of the commitment:** Participants were told the expected time commitment
- **Sponsorship:** Information was research was provided clarifying that the research is part of an academic requirement, and the information will be shared only to relevant people..
- **Participant selection:** Participants were told about the selection process.
- **Potential risks:** Participants were informed that no risks (physical, psychological, social, or economic) or discomforts were attached to the study.
- **Potential benefits:** Participants were informed that no personal benefit is attached to the study and that the only potential benefit is the improvement of services if Future Families considered applying the study recommendations.
- **Compensation.** Participants were told that no compensation was attached to the study and the researcher ensured that no expense incurred to the participant.
- **Confidentiality pledge:** Participants were assured that their privacy will at all times be protected and their anonymity was guaranteed.
- **Voluntary consent:** Researcher indicated that participation is strictly voluntary and that failure to participation will not result in any penalty or loss of benefits.
- **Right to withdraw and withhold information:** Participants were told that, after consenting, they have the right to withdraw from the study or to withhold any specific piece of information.
- **Contact information.** The researcher should tell participants whom they could contact in the event of further questions, comments, or complaints.

3.6.3 Confidentiality and anonymity

Polit and Beck (2012:162) support that study participants have the right to expect that data they provide will be kept in strict confidence. Participants' right to privacy was protected through various confidentiality procedures as prescribed by Polit and Beck (2012:162):

- Obtain identifying information (e.g., name, address) from participants only when essential. Only information essential to this study was collected.
- Assign an identification (ID) number to each participant and attach the ID number rather than other identifiers to the actual data. Code numbers were used to identify participants as shown in Chapter 4 on participants' quotes.
- Maintain identifying information in a locked file. The audio recordings are saved on the researcher laptop that is password protected. The audio is the only file where participants provided their full identification.
- Restrict access to identifying information to only a few people on a need-to-know basis. Only the researcher had access to participants' full identification.
- Enter no identifying information onto computer files. The transcribed words documents do not identify participants. A code is assigned to each participant instead.
- Destroy identifying information as quickly as possible. No identifying information was transcribed.
- Make research personnel sign confidentiality pledges if they have access to data or identifying information. Only the researcher had access to participants' personal identification.
- Report research information in the aggregate; if information for an individual is reported, disguise the person's identity, such as through the use of a fictitious name. All research data are aggregated. Where names were mentioned on quotes, the researcher replaced them with fictitious names.

Confidentiality procedures

- **Anonymity** - The most secure means of protecting confidentiality occurs when the researcher cannot link participants to their data. For that purpose, the researcher demographic data analysis did not bear participants names. Participant identifiers (names) were deleted before analysis.
- **A promise of confidentiality** is a pledge that any information participants provide will not be publicly reported in a manner that identifies them, and will not be accessible to others. This means that research information should neither be shared with strangers nor with people known to participants. Considering the fact that the researcher collected participant's names, the researcher promised confidentiality and signed a confidentiality close inserted on the consent form. The researcher explained that the information given was confidential, no names would be mentioned on the final dissertation nor could any information be linked to any particular respondent.
- **Principle of beneficence** Beneficence imposes a duty on researchers to minimise harm and maximise benefits. Human research should be intended to produce benefits for participants (Polit & Beck, 2012:152). To ensure the beneficence principle was observed, the researcher strictly observed the participants following rights (Polit & Beck, 2012:152):

Beneficence procedures

- **The right to freedom from harm and discomfort:** Researchers have an obligation to avoid, prevent, or minimise harm (non-maleficence) in studies with humans. Participants must not be subjected to unnecessary risks of harm or discomfort, and their participation must be essential to achieving scientifically and societally important aims that could not otherwise be realised.
- **The Right to Protection from Exploitation:** Involvement in a study should not place participants at a disadvantage or expose them to damages. Participants need to be assured that their participation, or information they might provide, will not be used against them.

3.6.5 Respect for human dignity

To ensure that respect to participant dignity was protected the researcher strictly observed human respect procedure as prescribed by Polit and Beck (2012:154).

Respect for human dignity procedures

- **The right to self-determination:** Humans should be treated as autonomous agents, capable of controlling their actions. Self-determination means that prospective participants can voluntarily decide whether to take part in a study, without risk of prejudicial treatment. It also means that people have the right to ask questions, to refuse to give information and to withdraw from the study. This includes freedom from coercion.
- **The Right to Full Disclosure:** People's right to make informed, voluntary decisions about study participation requires full disclosure. Full disclosure means that the researcher has fully described the nature of the study, the person's right to refuse participation, the researcher's responsibilities, and likely risks and benefits.

3.7 TRUSTWORTHINESS

Creswell (2014:201) highlights that the validity of a research work is one of the strengths of qualitative research and is based on determining whether the findings are accurate from the standpoint of the researcher, the participant, or the readers of an account. Creswell (ibid) maintains that terms abound in the qualitative literature that addresses validity such as trustworthiness, authenticity, confirmability, and credibility. To ensure the trustworthiness of this study, the researcher used the four criteria suggested by Lincoln and Guba (1985) as described by Polit and Beck (2012: 584) for developing the trustworthiness of a qualitative inquiry: credibility, dependability, confirmability, and transferability.

3.7.1 Credibility

Polit and Beck (2012: 724) refer to credibility as confidence in the truth of the data. Furthermore, Polit and Beck (2012:197) maintain that credibility is achieved to the extent that the research methods engender confidence in the truth of the data and researchers' interpretations. To ensure the credibility of this study, the researcher triangulated multiple data sources generated from the interview captured on the interview guide and the notes taken by the researcher to capture non-verbal behaviour while watching the participants. In addition, Polit and Beck (2012: 196) define triangulation as the use of multiple sources to draw conclusions about what constitute the truth. Secondly, the researcher took extensive field notes to ensure a credible capturing of participants' descriptions as per Babbie and Mouton (2011:275) supporting that extensive field notes allow to ensure credibility. Thirdly, the researcher had a prolonged engagement with participants to allow sufficient time in collecting data in order to have in-depth understanding of what the research participants were trying to describe, to test for misinformation and distortions and to ensure saturation of key categories are reached (Polit & Beck, 2012: 589). Lastly, the researcher reflected critically on the self by analysing and making note of personal values that could affect data collection and interpretation (Polit & Beck, 2012: 589). The researcher continuously examined his own experiences, values, background, and any prejudices or theoretical inclinations that could influence the analysis and interpretation of the study findings. The researcher remained open and listened carefully to the supervisor critiques, which pointed out the researcher strong attachment to the phenomenon owing to the researcher's background on the OVC phenomenon. The researcher highlighted and recognised the unique set of values and background he brings to the study.

3.7.2 Dependability

Dependability refers to the stability of data over time and over conditions; evidence that is consistent and stable (Polit & Beck, 2012: 197, 725). In other words, dependability refers to evidence that is believable, consistent and stable over time.

Babbie and Mouton (2011:278) stress that it is vital that there is evidence that if the study was to be repeated with the same participants under the same context, the findings would be the same. To ensure dependability, the researcher conducted a pilot study with two participants meeting the inclusion criteria. The pilot study allowed the fine-tuning of the final study tool and questions and inform of unanticipated issues to ensure that the collected data is consistent and stable. Throughout the process of the research, the researcher repeated participants' statements noted down on his field note for the participants to confirm that were their words. Where necessary, a rectification was done to ensure that the final results included and presented the truthful representations of what the subjects had experienced, and the notes correctly captured what they have explained from their own points of view or understanding. This was further cross check with the audio recording transcripts.

3.7.3 Confirmability

Polit and Beck (2012: 585) refer to confirmability as the guarantee that the findings, conclusions and recommendations are supported by the data and that another researcher can arrive at the same conclusions as the primary researcher. To ensure confirmability, the researcher kept a comprehensive collection of data sources that will allow an independent auditor to come to the same conclusions, interpretations and recommendations. These data sources include electronic field notes, interview transcripts, audio recording, QDA Miner Lite analysis extract, and MS Excel a spreadsheet of a master consolidated dataset with details on developed themes, sub themes and quotes.

3.7.4 Transferability

Transferability refers to the extent to which findings are meaningful and can be transferred to other settings or groups (Polit & Beck, 2012: 197). To ensure transferability, primarily the researcher provided detailed and contextualised descriptive information to allow readers to make inferences about extrapolating the findings to other settings as suggested by Polit and Beck (2012:525).

The authors refer to the details description as thick description, which is a rich and thorough description of the research setting, study participants, and observed transactions and processes, which will allow readers to make good judgments about the proximal similarity of the contexts in the study in their own environments. In this study, the details the researcher is referring to can be seen in Chapter 4 where the researcher provided a table with demographic information, much like in a quantitative report presenting participants' average age, marital status, number of years in the Future Families programme and many other socio-economic information (Polit & Beck 2012:526).

3.8 CONCLUSION

This chapter presented and discussed in detail the research design, research methodology, data collection, and data analysis approach used by the researcher to conduct this study. The chapter also described the measures taken to ensure trustworthiness and gave thorough description of the ethical principles the researcher adhered to in relation to the study. The next chapter will present a brief description of the data collection process, data analysis and the research findings.

CHAPTER 4

DATA COLLECTION, ANALYSIS AND PRESENTATION OF FINDINGS

4.1 INTRODUCTION

Chapter 3 presented and discussed the research design and methodology in detail. This chapter will present a brief description of the data collection process, data analysis and discuss the findings of the study. The findings are based on the data collected and analysed by the researcher. The final section will present and discuss the important themes and sub-theme categories, which emerged from the analysis of the interview data. It will also explain the findings discussed, with reference to the research objectives and literature review in order to conceptualise the findings.

4.2 BIOGRAPHICAL PROFILE OF RESEARCH PARTICIPANTS

The participants for this study were 15 parents/guardians whose children are beneficiaries of the Future Families services. Only 13/15 (87%) participants interviews were analysed as the other two (2) were pilot interviews. All the participants of the study were females. Out of the 13 participants, eight (62%) were mothers and the remaining 5/13 (38%) were grandmothers.

Table 4-1: RESEARCH PARTICIPANTS' DEMOGRAPHIC DATA (N=13)

Nº of participants	Age average	Average Education Level	Average Nº of Children in the programme	Average Duration in the programme
13	48 years	Grade 7	3 children	7 years

As per table 4.1 above, the average number of years of involvement with Future Families per family was seven years. These were families with a deep experience in future families' activities and services. The average age of participants was 48 years. The average level of education was Grade 7, which is primary school level in South Africa.

A previous study on Future Families found that more often parents/guardians never attended secondary school (Thurman, Lockett, Taylor, & Carnay, 2016: 7). Most participants (12) were unemployed and one was employed as a domestic worker. Three participants were married, seven participants were single mothers and three were widows.

Davids, Nkomo, Mfecane, Skinner, and Ratele (2006:74) conducted a study related to interventions for OVC and the core dynamics affecting OVC in the communities of South Africa, Botswana and Zimbabwe. They found that poverty is the first factor that affects OVC in these countries. Their findings are congruent to the findings of this study demographic data. The demographic data demonstrate that parents/guardians whose children are participating in Future Families activities highest education level average are seven years of primary school. As a result, the low level of education limits the mothers and caregivers access to decent employment so that they can earn adequate income to support their families. The study found that the 12 participants that were unemployed could not afford to give appropriate accommodation, education, nutrition, and care to their children. They depended on government social grants and support from organisations like Future Families to meet their needs on a monthly basis. The study further found that only one employed participant was a widow who was a domestic worker. Her earnings were not enough to support her family. The job also caused her to live away from her children during the week. Therefore, she lacked time to take care of her children. Ten (10) were single mothers raising their own children without secondary support from a male figure including three are widows. This is one of the key factors increasing OVC vulnerability. Five (5) of the participants were grandmothers who found themselves becoming caregivers because of HIV/AIDS deaths and domestic/gender-based violence-related issues.

4.3 DATA COLLECTION

Data collection was conducted as described by the researcher in Chapter 3 from the 2nd November 2017 to the 30 June 2018. The researcher shared, read and explained the participant information letter, which described the study objectives to the participant and explained how and why they were selected.

Participants who agreed to be part of the study attached a consent form to the participant information letter for signature. The interviews were conducted in English and digital voice recorder was used with the participants' consent to record the interviews. The researcher also took fieldwork note and kept record of observed non-verbal clues. Voice records were transcribed verbatim. To protect the participants' privacy, anonymity and confidentiality, the researcher used unique codes known only to the researcher to link the data with each participant throughout the study.

4.4 DATA ANALYSIS AND MANAGEMENT

The researcher used Creswell spiral data analysis approach for data management and analysis (Creswell, 2014:182). All 13 interviews were transcribed using Microsoft word and loaded into QDA Miner Lite version 2.0.1 for coding. The researcher took several readings of the material to grasp the nuances while listening to the audio recording and taking informal notes to capture ideas that emerged from theoretical codes and relationships among the codes. During the coding phase, the researcher adhered to Tesch's eight steps in the coding approach as described by Creswell (2014:199). The themes and sub-theme were extracted and imported in excel file so they can be integrated and presented in narrative passages which build up on this study findings summarising parents/guardians' perceptions of Future Families programme effectiveness. A further discussion with the supervisor was conducted to fine-tune the themes and sub-themes presented on Table 4.2 below.

4.5 EMERGING THEMES AND SUB-THEMES

The three themes and sub-themes that emerged during data analysis are presented in the table underneath

Table 4-2: THEMES AND SUB THEMES REVEALED DURING THE DATA ANALYSIS

Themes	Sub themes
1. Service delivery and support mechanisms	1.1.. Home visit 1.2.Education support 1.3.Health and nutrition support 1.4.Psychosocial and social education support 1.5.Child protection Support 1.6.Parents/guardians support initiatives 1.7.Household Economic Strengthening support
2. Perception toward Future Families activities	2.1.Perceived susceptibility to OVC condition 2.2.Perceived severity of OVC condition 2.3.Perceived benefits of Future Families activities 2.4.Perceived barriers to accessing Future Families activities
3. Attitude toward Future Families activities and staff	3.1.Positive and negative attitudes

4.5.1. Theme 1: Service Delivery and Supporting Mechanisms

Service delivery is one of the themes that emerged from the participants' description of Future Families activities. The Oxford Online English Dictionary (2018) defines service as the action of helping or doing work for someone and delivery as the supply or provision of something. Therefore, service delivery can be defined as the supply or provision of help or work to someone. In the context of this study, service delivery refers to the delivery of a set of services selected by Future Families as part of the core areas to prioritise for OVC support in Olievenhoutbosch. These core services areas are guided by the core DSD OVC services areas in South Africa (DSD, 2005:12) and described by PEPFAR (PEPFAR 2012:26-61)

Collins Dictionary (2018) explains support mechanism as any formal system or method of providing support or assistance. In the context of this study, support mechanism

refers to system, initiatives or method put in place by Future Families to support parents/guardians so they can care better for their children. Participants mentioned that Future Families deliver services through home visit at beneficiaries' residences, as workshop or training session at Future Families offices, at schools or as holiday programmes for OVC during holiday season. Participants appeared to be happy with the service offered by Future Families as long as it was not interrupted as quoted by participants:

"The way they visit and speak to us, my heart is pleased ..." **P5**

"The children were identified at school and a CCW was allocated to them and they started helping children.... The CCW came to visit us to ensure the children environment is good and support us...We are happy when they go there to Future Families and the holiday programme also help children a lot to meet other children and learn" **P13**

"The second boy 15 years and 3rd benefit from Future Families holiday programme to learn and they feed them." **P2**

"It will only have a lasting value if there is a continue support. If they have to stop like they did for over a year everything will scramble." **P6**

The seven sub-themes that emerged from participants under this theme are described and discussed on the paragraphs below.

4.5.1.1 Home visit

The Oxford Online English Dictionary (2018) explains home visit as a visit to a person's home, especially one made by a health-care professional or social worker. Schenk, Michaelis and Sapiano (2010:325) described home visit in sub-Saharan Africa programmes context as a commonly applied approach, a programme component in which care workers from the community deliver services during regular visits to the child's household.

These authors' description of home visits is very specific to the context of this study: it is the Future Families programme component where CCWs deliver the service to beneficiaries at their residence. Under this sub-theme, participants regarded home visit as part of a regular service delivery that needs to be provided on a routine basis and perceived a lack of visit as negligence from the Future Families team. This is evidenced by the following quotations from participants:

"The CCW come more than three times a months to check on children and motivate them to stay in school and keep good life behaviours" P13

"The way they visit and speak to us, my heart is pleased ..." P5

"I did not receive much help from Future Families. I even complained that no one was coming to visit me anymore that only when they sent someone to help me... My first child dropped out of school I asked for help but I did not get. I do not want Future Families anymore because I got sick but did not get any help from them" P6

"Wendy is a care worker allocated to me, so I have a backup. She takes my situation to the Future Families office and they provide help or solution. Future Families is like my family..." P2

"I don't know exactly what to say, but the other thing is that my social worker is very humble to me, I love her as though she's my child to add on it she's respects me and the feeling is mutual." P5

Based on the quotations from participants above, beneficiaries perceived home visit as the real and ideal service. Participants noted that they feel comforted and encouraged by CCW home visit and they looked and felt the CCW as a part of their own extended family. They appreciate the individual attention and touch given to the entire family by the CCW. Participants believe the lack of home visit result to a negative impact on the family as it reduces the positive changes created by the intervention (children or partners' behaviour, parents/guardians stress level and more) as quoted by Participant 6:

“...No one was coming to visit me anymore... It will only have a lasting value if there is a continue support... I was left more than a year and so much damage happened.... So definitively this was not efficient way of using their resource to support and leave us degrade...my family is doing very badly right now ...My first child dropped out of school ...The children are in drugs now ...I asked for help but I did not get. I do not want Future Families anymore ... I got sick but did not get any help from them.” P6

Participants reported receiving one to more than three home visits a month and each family has an allocated dedicated CCW. An observation of participants' attitude by the researcher indicates that home visit was key to beneficiaries' overall level of satisfaction. As long as they received regular home visit, they showed a high level of satisfaction and the opposite for those who did not receive regular visits.

PEPFAR (2012:57) classifies home visit under individual interventions because it targets individual families as opposed to group interventions that have a much broad community reach. For PEPFAR, the purpose of the home visit in the OVC support context can be to address an immediate danger, to monitor progress or follow up on lost beneficiaries. In addition, PEPFAR encourages its partners to facilitate individual interventions strictly for children and families requiring secondary and tertiary interventions and/or families that are in immediate danger and advocate for encouraging beneficiaries to join group activities, which allow a much broad community reach at less cost. PEPFAR asserts that home visit should be goal-oriented and time-limited.

The information provided by participants show that Future Families' home visit approach is not an emergency mechanism in response to families in danger or requiring follow-up interventions but an integrated part of Future Families approach to addressing the needs of OVC by providing support to OVC and caregivers (parents/guardians) routinely through home visitation. Furthermore, as Future Families is a PEPFAR partner, observers could assume that participants' perception of home visit and their claim on it as a routine service delivery is beyond Future Families' scope of work. However, Thurman, et al. (2016: 7) corroborate participants' perception.

While assessing the role of a home visit programme for orphans and vulnerable children in South Africa, the researcher used Future Families as the research setting. The authors described Future Families as a South African NGO working in six townships located within the greater Tshwane area (also known as Pretoria) of South Africa. The authors mentioned that Future Families provides training and mobilise Care Workers from the local community to provide biweekly home visits to OVC households. During those visits, they offer caregivers and children information, psychosocial support, and encourage awareness and accessing of health and social services. Thurman, et al.'s (2016) research study confirms that home visit is not only an emergency mechanism but is part of the Future Families' service delivery model and the participants' expectation, claim and perception of Future Families' home visit is correct and within Future Families' scope of work.

Lessing's (2011:398) research on home visitation programmes highlights the advantages of home visitation, which explain participants' attachment and feelings for home visit. Lessing stated that home visitation allows to provide services within the beneficiaries' home, eliminating transportation and childcare costs for families with limited resources, while providing an opportunity to observe family behaviour in their everyday environment. Lehmann and Sanders (2007:14) added that selecting, training and utilising members of the community as service providers addresses the need for decentralised efforts that are responsive to local needs, which explains the attachment and feeling of beneficiaries toward their CCW. Furthermore, findings from Thurman, et al.'s (2016: 7) research compared the service quality and effectiveness of services provided through trained CCW home visitation approach versus sporadic visits, group or public interventions. The findings support that the home visitation programme had an especially pronounced effect on orphans, more than doubling their odds of being tested ($OR = 2.12$, $95\% CI = 1.00-4.47$) compared to orphans living in similar households that did not receive home visits. Thurman, Kidman and Taylor (2015:111) conducted another study on the impact of home visiting programmes for orphans and vulnerable children on social grant uptake in South Africa. The findings demonstrate that beneficiaries served by paraprofessional home visitors were nearly three times as likely at follow-up to be receiving the highest grant for which they were eligible. Thurman, et al.'s (2016: 7) and Thurman, et al.'s (2015:111) findings justify parents/guardians fears of not receiving home visit as a routine service.

The two studies demonstrate that home visit increases the quality and effectiveness of service delivery while the lack of home visit has a negative result on the families' outcome. All these are evidences supporting that Future Families approach of home visit services delivered by locally trained CCW is efficient to respond to OVC and their families' needs.

4.5.1.2 Education Support

The online glossary of education reform (2013) defines education support as a wide variety of instructional methods, educational services, or school resources provided to students in the effort to help them to accelerate their learning progress, catch up with their peers, meet learning standards, or generally succeed in school. In addition, PEPFAR (2014:5) describes education support as programme component that supports efforts to reduce educational disparities and barriers to access education among school-age children through sustainable systemic interventions. It is also aiming to keep children in school and improved education by ensuring that children have a safe school environment and complete their primary education, promoting access to Early Childhood Development (ECD) programmes. The latter support post-primary school programming and especially the transition for girls from primary to secondary school and supporting access to school block grants or any form of finance available to children in need. Education support in the context of this study as described by PEPFAR (2012:7) refers to all activities and services provided by Future Families CCWs to beneficiaries to ensure a successful outcome in children short and long-term education goals.

Future Families' beneficiaries reported receiving education support under the following different forms:

- Motivation talk and monitoring to keep children interest for school: Participants reported CCW regularly encouraging children to focus on their education and monitor that children are attending school and doing their homework.

“Future Families always talk to her so she knows how she can get problems from boys. She learned about pregnancy and diseases, which I did not know at my time that how I got out of school on Grade 12. They teach her that education is good and best for her...” P2

“...When they think about this Future Families guy coming here to make them sign and encourage them to go to school they are scare ...” P3

- Homework support and after school tutorial to help children understand lessons: Participants also noted that CCW provide homework support to children and organise after school tutorial for children in need of support.

“Both my kids were in crèche. Mpho was experiencing learning difficulties because he was poisoned. Future Families help them with after school lessons...They are getting school support and that help them to get through school...” P13

“Nelly (Future Families employee) comes after school and takes books to assist the children... Even the one who is graduating, she is six years and going to Grade 1 next year, she can write her name. She comes here and gives the children educational support...” P7

“Future Families what I know about it, it helps us a lot with a lot of things, my grandchildren are helped with homework. One of them was not good at school they helped her...she was struggling with math she helped and they are doing well...” P11

- Special needs learners' support to catch up and/or keep up with school: Participants also reported that CCW provide support to children with learning difficulties/disabilities

“The second child of mine had a problem at school. She didn't understand what they were doing at school. Now she has extra classes and they take her from school. We joined Future Families through my young daughter

who was at school; they wanted to see the environment she is living if it is healthy ...” P9

“My son was still in primary when starting and he had a challenge of mixing two languages (Setswana and Sepedi). Future Families explained to me that they have extra classes to assist children with school work, so insisted that he goes to get help...” P7

“Now my grandchild who was not communicating well can communicate very well. He was not understanding what the books were about, now he can write because the Future Families CCW was coming here patiently and helped...” P11

- School hunting/linkage for those who need special school or who do not attend school: Participants highlighted that CCWs help finding schools for children who are not attending school or who are identified as needing special school.

“...I have a child who was not coping at school. The Future Families CCW came to help me with the children school. She finds a school for them much closer because we did not have money for transport. My other child was a slow learner; the lady CCW took us to find a school adapted to my child but the challenge was that my child was not selected after the test. Now the child is at home.” P12

- Bursary and school uniforms for children: Participants also noted the support provided by CCW to access education funding

“They also organised a bursary for my daughter even if she failed at school they help a lot...” P11

Parents/guardians perceive Future Families education support as key for their children success in life and adding a lasting value.

They believe Future Families education support plays an important role in redressing children limitations, improve their chance to succeed in school and providing access to under-privileged children in school. However, they also recognise Future Families limitations in motivating or advocating access to education for under-privileged children rejected by schools.

“My other child was a slow learner, the lady CCW took us to find a school adapted to my child but the challenge was that my child was not selected after the test. Now the child is at home... So far, I did not get the results I expected but I appreciate Future Families effort to support my children. The result is taking long because of my children ability to get it but they tried...They did not meet my expectation but they tried their best to help us to their best.” P12

The above findings resonate with PEPFAR (2012:5), stipulating that evidence shows that education support interventions are working as they have kept children in school and improved education. Shann, et al. (2013:9) compared non-OVC with education supported OVC and not-supported OVC. The findings also pointed on the same direction as PEPFAR that providing support to OVC to attend school is not only important, but also effective. The study demonstrated that supported children performed at least as well as their non-OVC peers and in some cases better. Furthermore, Shann, et al.'s (2013) study also confirmed parents/guardians perception and fear on the lack of education support. The authors assessed absenteeism and dropout rate among the three cohorts. The findings revealed that both ever supported OVC and non-OVC had a significantly lower absenteeism rates than never-supported OVC.

Dropout rates among OVC in general were higher than for non-OVC, and never-supported OVC had a higher dropout rate than ever-supported OVC. This supports parents/guardians' statement that lack of education support increase the chance of absenteeism and dropping out of OVC, increasing OVC vulnerability to drugs. This situation is even worse for OVC with learning difficulty/disability requiring special education support.

In the same vein, the Learning Disabilities Association of Manitoba (LDAM, 2013:4) confirms that children with learning disabilities face rejection from peers and can suffer from very low self-esteem because of their own perceived feelings of inadequacy and ignorance as they grow older and become teens, which leads to higher incidences of alcoholism, drug abuse, gang affiliation, and school drop-outs.

Participants noted Future Families' weakness in convincing schools to take in children requiring special learning. Schools do not feel obligated to register a child requiring special support and such child ends up staying at home as reported by parents/guardians. This challenge is highlighted by the R2ECWD a South African National Campaign to promote the right to education for children with disabilities fact sheet 6 (2010:1) noting that there are systemic barriers to learning for children with learning difficulties created by the education system itself. R2ECWD noted that most often in South Africa, children with disabilities bear the most severe consequences of an inadequate, under-resourced education system. Some of these systemic barriers impacting children with disabilities in the South African context include but not limited to overcrowding in classrooms, inappropriate language of learning and teaching, long waiting lists at special schools, insufficient training of educators to manage diversity in their classrooms, lack of teaching assistants, and long delays in assessment of learners. No incentive in the form of weighting or increased subsidy for mainstream schools or ECD Centres who include children with disabilities; - inadequate facilities for children with disabilities in schools i.e. physical access for children in wheelchairs, teaching material in Braille. This situation is even worse for children living within vulnerable families.

4.5.1.3 Health and nutrition support

The WHO constitution in 1946 and reaffirmed by WHO (2018) define health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

PEPFAR (2015:192) describes health support to OVC as a programme component that encompasses the role of OVC programmes in monitoring health outcomes, building health and nutrition knowledge and skills in caregivers, and facilitating access to key health services including and especially HIV testing, care and treatment and services that serve to help vulnerable children, especially girls, stay HIV-free. Health support for OVC as viewed by PEPFAR has a range of critical health outcomes across the age span from infancy to adolescence.

Health support in the context of this study aligns with PEPFAR's definition and refers to all support provided by Future Families to promote, conserve, or restore the mental or physical well-being of beneficiaries in line with PEPFAR's definition.

Under these sub-themes, the participants noted that Future Families provides health education support to both children and parents/guardians and support to access health services in general and HIV/AIDS services in particular.

- Health education support service provided by Future Families include: Sexual Reproductive Health Education (SRHE) for children and Health and nutrition education for parents/guardians as evidenced by the participants quotes below:

"They help to teach them about HIV/AIDS and that make them safe from HIV... I cannot afford to teach my kids myself." **P12**

"Future Families talking to her she knows how she can get problems from boys. She learned about pregnancy and diseases, which I did not know at my time that how I got out of school on grade 12. They teach her that education is good and best for her." **P2**

"Future Families is helping on HIV sexual education because I cannot engage my children on those topics." **P13**

“I learned how to care for my child, I learned about the child needs, that I must take him to the clinic to get medicines because he need to be healthy... the medicines, for his health, I learned everything about how to care and give him a breast, the food, fruits, and be careful of dangerous things and you must keep the dangerous things away from the child like stove, poisons, care for the child.” P2

“They always come here and teach me many thinks about HIV, about cancer, about everything.” P8

WHO (2018) defines health education as any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes. Furthermore, Downie, Fyfe and Tannahill (1990) and the Coalition of National Health Education Organizations (CNHEO: 2018) define health education as an activity involving communication with individuals or groups aimed at changing and/or developing knowledge, skills, beliefs, attitudes, and behaviour in a direction that is conducive to improvements in health. In the context of this study, health education refers to all Future Families activities designed and implemented to help beneficiaries improve their health by increasing their knowledge and skills; influencing their beliefs, behaviour and attitude.

Participants reported that their children and/or themselves are beneficiaries of health education support related to HIV/AIDS, other health conditions and SHRE. When describing the health education services provided by Future Families, beneficiaries clearly indicated that these are awareness and advocacy activities provided or taught by Future Families CCWs to inform beneficiaries on possible health related issues they need to be aware of and how they can seek help from Future Families or local health facilities when needed. The health education support provided by Future Families as described by participants covers a range of areas from neonatal care, children care awareness, HIV/AIDS awareness to social hazard like toddlers exposition to fire or other dangerous substances, adolescents' exposure to drugs, alcohol; poor nutrition and target both children and parents/guardians. Participants' statements quoted previously support this.

Parents/guardians perceive the Future Families health education support as crucial to allow them caring better for their children and allow children to gain more health-related knowledge that will allow them to stay safe from HIV/AIDS, other STD and unwanted pregnancies. Parents/guardians indicated that it adds a lasting value on children life as it prepares them to make informed decisions related to prevention of health conditions and establishing a good health seeking behaviour as they are growing. Furthermore, it helps them make informed decisions related to their sexual and reproductive life and impact on how they perceive others who are struggling with health conditions by suppressing stigma from children as evidenced participants' statements quoted below:

"Our culture is putting the children in danger at some point. I cannot talk to them about sex according to my culture. It is a good thing that Future Families is doing it so they can know the right thing to do in life and make good decisions. Our culture can be very dangerous children can find themselves in mountains for circumcision for example which can be done with a lot of risk, Future Families advise them to do circumcision in government clinics with all the safe practices. I understand that this is good for my children." **P13**

"If they did not know about HIV maybe they will be sick or will be treating other people who have HIV badly that will have a lasting effect on children behaviour too." **P9**

"...She learned about pregnancy and diseases which I did not know at my time that how I got out of school on grade 12..." **P2**

- Support to access health services in general and HIV/AIDS services in particular.

"With health I really appreciate a lot because they asked my permission and came with a nurse and test us, my daughter the mother or two children was sick we did not know what was wrong with her. I am happy because Future Families picked it up very early that she was HIV positive and now she is still alive, healthy and very good." **P11**

WHO describes access to health services as universal health coverage. In addition, WHO (2018) defines universal health coverage as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation, and palliative care). Levesque, Harris and Russel (2013:12) describe access to healthcare as the opportunity to identify healthcare needs, to seek healthcare services, to reach, to obtain or use health care services, and to actually have a need for services fulfilled. The authors further defined access to health services as the opportunity or ease with which consumers or communities are able to use appropriate services in proportion to their needs.

In the context of this study, support to access to healthcare services refers to all activities provided by Future Families in order to improve beneficiaries' ability to identify healthcare needs, to seek healthcare services, to reach, to obtain or use appropriate services in proportion to their needs.

Participants noted that Future Families' CCWs provide support to access to healthcare services by organising a direct service to beneficiaries during home visit and/or reducing access barriers to healthcare services. Direct access healthcare services include services such as HIV testing, HIV treatment and other health services. Participants highlighted several cases of direct healthcare service delivery to their home by Future Families' CCWs but also cases of referrals or linkage to health facilities as evidenced by the quotations below:

"With health I really appreciate a lot because they asked my permission and came with a nurse and test us, my daughter the mother or two children was sick; we did not know what was wrong with her. I am happy because Future Families picked it up very early that she was HIV positive and now she is still alive, healthy and very good." **P11**

"Our children are staying free of HIV because they know about HIV and test every 3 months." **P9**

"...because Future Families educates on HIV/AIDS and does testing as well..." **P7**

“...they encourage to go check up your blood and the sickness and everything” P3

“Future Families also helps them testing their blood for HIV” P13

“I learned how to care for my child; I learned about the child needs, that I must take him to the clinic to get medicines because he needs to be healthy...” P2

Parents/guardians perceive Future Families support to accessing health services as an important factor in helping them gain knowledge on where to go when needing healthcare. Participants also noted that the intervention help saving lives by allowing early detection and care of HIV cases or other potential sicknesses that can cost beneficiaries lives.

“My daughter also was sick; I did not know what was wrong. Future Families organised a nurse to come a test; we found out she was HIV positive now she is okay, she is working and she could have died without Future Families that why I am very thankful.” P11

Nyangara, Thurman, Hutchinson, and Obiero's (2009:28) study on the effects of programmes supporting Orphans and Vulnerable Children also noted improvements in HIV knowledge from both children and parents/guardians benefiting after HIV education support. Thurman, et al. (2016: 7) established the link between parents/guardians level of health knowledge (health awareness) with improvement of health seeking behaviour to seek access to health services. The authors noted that children living with a guardian who exhibited knowledge of HIV had 70% higher probability to be tested. PEPFAR (2012:50) noted that barriers to accessing health services can be internal to the family (knowledge, beliefs, and attitudes toward healthcare) or owing to challenges (financial, discrimination, transport...) faced by OVC to access the healthcare system. In the context of this study, participants did not mention any challenge related to affordability, acceptability, availability, and accessibility of the healthcare services. The only barrier addressed by Future Families is knowledge of beneficiaries on when to seek health services, where (location to access free healthcare services) and how to reach the healthcare service.

WHO (2018) refers to nutrition support as nutritional care and support. WHO (ibid) describes nutrition support as including many components, such as nutrition education and counselling; water, hygiene and food safety interventions; adequate quality/quantity of food and food aid. WHO elaborates further stating that nutrition care and support programme is used to provide nutrition support to people suffering of different conditions that expose to risk of malnutrition including OVC. The Oxford Online English Dictionary (2018) defines nutrition as the process of providing or obtaining the food necessary for health and growth.

This definition is correlated by WHO's (2018) definition stating that nutrition is the intake of food considered in relation to the body's dietary needs. In the context of this study, nutrition support aligns with the WHO's definition and refers to all Future Families interventions that provide nutrition education and counselling, support for better access to water, hygiene and food safety as well as improving access to adequate quality/quantity of food.

Participants mentioned that Future Families offers nutrition support using the following three approaches:

- Providing food voucher or food parcels to vulnerable families: Food parcels refer to parcels of food prepared and sent, especially by charitable organisations, to people in need (Collins, 2018). In the context of this study, food parcels refer to parcels of food provided by Future Families to help families that are in need. Participants reported that Future Families provide them with food parcels or vouchers/ gift cards containing money to buy food or clothing.

"When they are food parcels they call me." **P4**

"I have now everything because they help me when I have no food." **P2**

"They also give us food package because I am not working and that help us a lot." **P11**

“They are providing us with gift cards that help a lot for food.” P6

“My second child receive Edgars voucher from future family to get clothes.”

P12

- Future Families’ gardens or supporting families with seeds for their own garden: Participants also reported that Future Families involve families in gardening either by supporting families to develop their own gardens at home or involving them as part of the Future Families’ gardens programme so they can access vegetables.

So they said:

“Ay, you must take care of the garden” and every Tuesday, Friday we come here to the garden... they give us vegetables from the garden.” P1

“They give us food parcel but they also helped me make my own garden, they brought seed, we managed to have carrot and spinach etc.” P11

- Mothers’ nutrition education: Participants also mentioned that Future Families provide nutrition education support to mothers. Contento (2011:XV) defines nutrition education as any combination of education strategies, accompanied by environmental supports designed to facilitate the voluntary adoption of food choices and other food and nutrition behaviours conducive to health and wellbeing. It is delivered through multiple venues and involves activities at individual, institutional, community, and policy level. Nutrition support in the context of this study aligns with Contento’s (2011) definition and refers to all activities delivered by Future Families to beneficiaries in order to promote and enhance the adoption of food choices and nutrition behaviours conducive to children health and wellbeing. Participant reported as follows:

“I learned everything about how to care and give him a breast, the food, fruits, and be careful of dangerous things.” P2

Participants' perception on nutrition support depended on the type of intervention. Gardening support was seen as very effective in helping families to respond to their own nutrition need. Food parcels and vouchers were not consistently and regularly provided and could not fully cover the family nutrition needs despite participants' gratitude. Mother's nutrition education support was seen as very useful in helping mothers making the right nutrition choices to care for their children to keep them healthy.

"Food support might not be as regular but it is helping" P9

"I did not have a garden now I have a garden that is helping a lot." P11

"...The food parcel we got it only once since we joined..." P6

"Mama Zama taught me how to care for my baby... I learned how to care for my child because he needs to be healthy, I learned about the child needs... I learned everything about how to care and give him a breast, the food, fruits, and be careful of dangerous things" P2

Nyangara, et al.'s (2009:28) findings also corroborated the above findings. Gardening as a household economic strengthening intervention for food security was also seen as effective. The authors noted that Allamano in Tanzania provided training in bio-intensive agriculture and participants received capital inputs such as wheelbarrows, spades, and other equipment. The initiative was associated with reduced food insecurity among participants. In addition, the authors noted the same limitation of food parcels support approach comparing two organisation approaches to food parcel distribution. The authors noted that while almost all beneficiaries within the Catholic Relief Services (CRS) programme reported having received food at least once in the past year, effects of food support were evident among only the Allamano participants. Food support was associated with a sizable reduction in food insecurity of 44% for Allamano, but had no effect on food insecurity for CRS beneficiaries.

This is likely because, while Allamano provided food to a smaller number of beneficiaries, food was provided consistently to these select recipients.

The food support CRS provided, albeit to a larger number of beneficiaries, was provided only sporadically. The CRS approach described here reflects better the Future Families approach providing food parcel to a larger number of beneficiaries sporadically and having no effect on food security. Sule, Onayade, Abiona, Fatusi, Ojofeitimi, Esimai, and Ijadunola's (2009:115) study assessed the impact of nutritional education on knowledge, attitude and practices (KAP) of mothers concerning infants and young children feeding and their children's nutritional status in two semi-urban communities of south-west Nigeria.

The authors demonstrated a change in mothers' knowledge, attitude and practices, which corroborates the above finding but was not statistically significant improvement in the weight of their children.

4.5.1.4 Psychosocial and social education support

Nugent and Masuku (2007:1) describe psychosocial support as the effort to meet ongoing emotional, social, and spiritual needs of children as they face life's challenges. OVCsupport.org defines psychosocial support as interventions that address a person's emotional, social, mental, and spiritual needs, and all essential elements of positive human development. In the same vein, UNICEF (2016) supports that psychosocial support helps individuals and communities to heal the psychological wounds and rebuild social structures after an emergency or a critical event. It can help change people into active survivors rather than passive victims. The WHO (2014) provides a HIV/AIDS specific definition stating that psychosocial support addresses the ongoing psychological and social problems of HIV infected individuals, their partners, families and caregivers. In this study context, psychosocial support aligns with all above described definitions. It refers to all Future Families' interventions that serve to support children victims of emotional, mental, social, and spiritual problems or events that could affect their everyday life and upbringing as adults. Participants mentioned that Future Families' CCWs provide support to alleviate the psychological pain of OVC victims of traumatic experiences.

“My daughter was killed by her partner, leaving a child behind... the child was affected but Future Families helped her to learn to accept what happened...”

P7

“They support children mentally, physically, emotionally...” **P9**

As per the above quotations, parents/guardians perceive the psychosocial support as very important to provide comfort to the children victims of traumatic events like loss of a close family member. Most importantly, mental, physical and emotional support is provided to help children to accept the situation and move on positively with their lives

An article from edukalife.blogspot.com (2016) on meaning and definition of social education defines social education as a form of social intervention that will take place from strategies and educational content in order to promote the social welfare and improve the quality of people in general and especially problem solving of those marginalised groups remained outside the system. Kidsmatter.edu.au (2018) accentuates that social development involves learning the values, knowledge and skills that enable children to relate to others effectively and to contribute in positive ways to family, school and the community. In the context of this study, social education as described by participants is aligned with the description of the social education support provided by Future Families helping children social development. Participants' responses resonate on the same direction with this definition and indicate that Future Families CCW educates children so they can grow and develop to become respectful adults understanding their responsibilities toward their families and communities as evidenced by the quotes below from participants:

“Future Families inspire children to be hardworking so they can stand for our family...Children learn not to fall on bad influence like drugs, alcohol and learn to respect parents. Children learn respect and care for parents and focusing on education so they can improve our life...My two last children that are with Future Families do not go out at night (sneak out); do not smoke, drink alcohol or have bad influence. My first children who never attended Family Families misbehave a lot and I use to fight with them. These two I do not have any fight with them because they are very

well behaved. At very early age, they got experience about life. They learn about what challenges they should expect while growing as teenagers. They learn respect and understand that they need to respect adults so we get full support. They learn not to follow bad influences and stick with friends who support them positively. Many children are falling in crime but they are there to support my children so I am feeling happy and excited happy since they joined it was amazing because they learn so much about life.” P13

“I see changes on the children. My son was starting to be disrespectful as he would talk back at me. Emily spoke with him trying to teach him how he should behave and also what he wants to do after secondary education.” P7

“Yes, he knows, even when he comes from school, take his socks and wash and polish his shoes ... I use to polish for him. The CCW said: “No, you must teach him.” P1

“The other one is a boy, he is 14 years, and he learned from the Future Families how to avoid dangerous things like he can't just do dagga (marijuana)... My first daughter friends do not sleep at home, my daughter was disrespectful but now she is sleeping at home and is respectful to me. The second boy 15 years and third benefit from Future Families holiday programme; they teach them to stay out of drug, alcohol, stealing...” P2

“Now my children are friendly and able to communicate by telling me what they need and when. Before they were secretive about things like being on their periods, but now they can talk to me. Also now they are able to tell me and their father when they need something.” P9

Parents/Guardians perceive Future Families’ social education support as key for their children positive behaviour.

They believe that it teaches children respect, keep children out of crime, drugs and bad influences, help children mature and make good decision, improve children relationship with their parents and make the family a better place where it feels good to live.

Social education support is often confused or absorbed in psychosocial support in most literature and programme while for this study, participants' interviews clearly highlighted a demarcation between the two interventions. When referring to psychosocial support participants noted that it addressed emotional, mental and spiritual needs of OVC and social education touched the child's personality by enhancing good behaviours as explained by document kidsmatter (2018). Furthermore, it is also noted that supporting social education enhances children social development by teaching values, knowledge and skills that enable children to relate to others effectively and to contribute in positive ways to family, school and the community.

UNICEF (2016) corroborates that participants quotes by supporting that psychosocial and social education support can prevent distress and suffering from developing into something more severe, help people cope better and become reconciled to everyday life, help beneficiaries to resume their normal lives. The finding is also similar to the findings from an outcome evaluation of psychological services provided to OVC in Western Cape by Phillips (2015:5). Phillips (2015) maintains that psychological and social education support improved emotional coping and acceptance of losses as OVC reported that the programme has helped them to deal with their losses and to work through the grieving process. Phillips (2015) also notes among the outcomes the improvement of relationship with parents and caregivers as some of the beneficiaries reported that their relationship with their parent/caregiver was strained before attending the psychosocial support programme, but improved because of attending the programme. Furthermore, Phillips (2015) study also found an association with positive peer groups as all of the male beneficiaries reported that the programme either helped them stay away from gangsterism and drugs. The programme resulted in them disassociating with peer groups where gangsterism and drugs were involved.

4.5.1.5 Child protection support

UNICEF (2006) uses the term child protection to refer to preventing and responding to violence, exploitation and abuse against children including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation/cutting and child marriage. In the same vein, Save the Children (2007:1) defines child protection as measures and structures to prevent and respond to abuse, neglect, exploitation, and violence affecting children. This organisation further elaborates that child protection means safeguarding children from harm. Harm includes violence, abuse, exploitation, and neglect and the goal of child protection is to promote, protect and fulfil children's rights to protection from abuse, neglect, exploitation and violence as expressed in the UN Convention on the Rights of the Child (UNCRC).

The UN in 1989 and amended in 2011 and other human rights, humanitarian and refugee treaties and conventions, as well as national laws adopted this. According to the National Academy of Sciences (2013:360), PEPFAR OVC programmes are programmes that address the protection of orphans and vulnerable children and adolescents may focus on interventions such as:

- Health care and social services that facilitate birth registration and identification;
- Community-based assistance to orphans and vulnerable children who need to make inheritance claims, the removal of children from abusive situations and their placement in safe temporary or permanent living situations; and
- The strengthening of community structures that are responsible for monitoring and protecting orphans and vulnerable children.

Child protection in the context of this study aligns with the National Academy of Sciences evaluation of PEPFAR definition and refers to all Future Families' interventions that respond to violence, exploitation and abuse against children, support birth registration and identification, community-based assistance to orphans and vulnerable children who need to make inheritance claims.

In several occasions, participants indicated that Future Families' CCWs provide support to protect children living in vulnerable environment with risk of abuse and support OVC affected by traumatic situations as quoted by participants below:

"They support children mentally, physically, emotionally... We joined through my young daughter who was at school they wanted to see the environment she is living if it is healthy and if not they provide support. They did provide support to get our family better..." P9

"They provide children with a social worker to ensure they are not abused... The children were identified at school and a Future Families CCW was allocated to them and they started helping children. The CCW came to visit us to ensure the children environment is good and support us. They explained to me that they provide children with support in education and teach them about life and I signed the consent for them to help." P13

Participants' explanations allow to extrapolate that child protection and psychosocial support are imbedded in each other on Future Families' interventions. While child protection operations help in identifying children victims of abuse and taking actions to protect them, psychosocial interventions help to support children victims of traumatic experiences to recover emotionally, socially and spiritually. As per the above quotes, participants noted that social workers identify most children from their school. The social worker assesses the child's level of vulnerability than refer to a Future Families CCWs to plan a home visit to further assess the environment in which the child is living.

Under child protection, participants indicated that Future Families is also helping OVC access their rights by educating the parents/guardians about children's rights. This is described by PEPFAR (2012:8) as legal protection. Many parents/guardians indicated that they did not know how to access children's right to grant, free education and how to ensure that their children inherit the government provided home after they pass away. Participants reported receiving support from Future Families' CCWs to access their children rights by providing the following services:

- Registering children on the birth registry and issuance of birth certificate: Participants reported receiving support to register their children on the national birth registry and being issued a birth certificate.

“...they encourage me because before I was scared to go to make my sister’s son a birth certificate because my sister is died... The future family, they encouraged me, they said to me, go get a birth certificate...” P3

“I take care of children, I was told they assist people by helping with birth certificates ...They did help I got the birth certificates.” P4

- Helping parents/guardians to apply, receive and manage government grant for children: participants reported receiving support to access government grant for child support.

“... They supported me to get grant for this child. I am very proud because now I am getting grant for that boy. I am talking about my sister’s boy.” P3

“Alright what I can tell you is that am taking care of orphans and took a long while for them to receive their child’s grant after their parents passed away since then I have been struggling with this children. Now they recipients of child’s grant...” P5

- Helping parents/guardians drafting deeds to ensure their children’s right to ownership of their house is protected. Participants also reported receiving support to draft deeds to ensure that their children keep the government provided house when they pass away.

“To care about my children, they helped me to understand that they can help me draft the will “deeds” to help me pass on the property (DPR house) to my children.” P12

“They once asked me that who is to inherit my house when I pass away and

I replied by saying there is no beneficiary this is a family house, even if these children move out I want them to know that this house will forever be their home...” P5

Parents/guardians perceive the child protection support as very important to ensure that their communities' members and even close families do not abuse children. They also noted that these interventions facilitate the identification of children that are abused and make the family a better place for children by supporting parents/guardians and promoting an adoption of safe living practices, avoiding domestic violence and children abuse by parents/guardians themselves. Participants also noted that child protection interventions lay down foundations to ensure that children have the necessary documents that allow them to access their rights.

The above findings are corroborated by Nyangara, et al.'s (2009:28-29) study on the effects of programmes supporting OVC. The authors found that guardians' participation to child protection activities was associated with more pro-social behaviours and less child-reported household abuse. Furthermore, children of meeting attendees were more likely to have identity documents and reported lower abuse than children whose guardians did not attend the meetings. UNICEF (2002:1) corroborates participants' perceptions on birth registration. UNICEF postulates that the child who is not registered at birth is in danger of being shut out of society, denied the right to an official identity, a recognised name, and a nationality. Furthermore, UNICEF (2002) explains that birth registration establishes the child's identity and is generally a prerequisite for the issuing of a birth certificate. A fully registered birth and the accompanying birth certificate help a child to secure the right to his or her origins, to a nationality and also help to safeguard other human rights reducing the risk of exposing the child to vulnerable conditions. UNICEF (2002) maintains that child exploitation and abuse appear to be on the rise and thrive on non-registration. One growing trend in child exploitation is child trafficking for prostitution and other contemporary forms of slavery, often in the guise of household domestic work. Moreover, UNICEF (2002) buttresses that trafficking of children has reached alarming levels emphasises with several million children now caught up in criminal trafficking networks.

While there are, as yet, no solid statistics on the links between unregistered children and those who are trafficked, a child who has no official identity or proven nationality and who can therefore remain hidden and unprotected must be a more attractive prospect to a trafficker. This also means that geographic areas where registration levels are low are more likely to be targeted by trafficking operations.

4.5.1.6 *Parents/guardians support initiatives*

Under this sub-theme, parents/guardians reported receiving the following support:

- Stress management /psychosocial support for parents/guardians;
- Parenting skills development; and
- Educate parents/guardians against domestic violence /gender violence.

According to the Klinik Community Health Centre (2010: 3), when something happens, human automatically evaluate the situation mentally and decide if it is threatening and what is needed to deal with the situation, and what skills are required for that. If the perception is that the demands of the situation outweigh the skills that can allow dealing with it, then the situation is labelled as “stressful” and the reaction will be a classic “stress response.” If the perception is that the coping skills outweigh the demands of the situation, then the situation will not be seen as “stressful.” In other words, stress or no stress depends on the perceptions of the problem versus the perceptions of the capacity to deal with the problem. Klinik Community Health Centre (2010) maintains that stress comes from the perception that a problem is bigger than the capacity to solve it. In the context of this study, stress management intervention as described by Future Families model (2014) refers to all Future Families activities or interventions that allow to support parents/guardians in managing stress and grief, building resilience and enhance coping mechanisms.

Parents/guardians pointed out that many situations cause their stress. Single mothers stressed that it is not easy to care for children alone, especially if you are unemployed and do not have a monthly income you can count on to respond to your children’s needs.

Grandmothers and widows explained that it is very stressful to take over the responsibility of caring for your grandchildren or your children when their parents or your partner passes away. They explained that dealing with the pain of losing a close family member coupled with the financial responsibilities and caring for children cause more stress. Future Families CCWs find themselves in the middle of those types of situations and have to find a way to support beneficiaries to go through the stressful situation and overcome.

“My daughter was killed by her partner, leaving a child behind. I received counselling from Future Families. Now I am much better. I am just waiting for them to assist me with foster care. It was difficult for me to accept the situation as she was murdered at MollyHood, not far from where we stay. Future Families helped me to learn to accept what happened.” P7

“I learn how to care for my children. I meet other single parents; it is not easy to be a single parent. I learn a lot and now I do not have stress. I learn how to live with my children as a single parent... From the time I joined to now, there is definitively a change. I have people to call when I am stressing...”

P2

Parents/guardians noted that the best comfort you could get when ‘stressing’ is to have someone to talk to. In most instances where Future Families CCWs are available to support stressed parents/guardians, the outcome was very positive and the beneficiaries perceived Future Families support as uplifting. On the other hand, every time the parents/guardians find themselves alone during the stressful period, the outcome was extremely negative with more negative incidents adding up.

“You can't have stress when you are part of Future families... When you leave your home stressed and go to them you will be relieved... When you are angry, they sit you down and guide you on how to relieve your stress by doing so and so. Don't do this and that, you are supposed to do this. Then you sit down and listen to what they said...” P4

“After my care worker went on maternity leave I never receive any support...The last time I saw my Social worker was January 2017, I only got a new social worker last week (week of 20 June 2018). None of my expectation was met. My family is doing very badly right now. I was left more than a year stressing and so much damage happened... My children dropped out of school and are in drugs now, I still leaving in a shack just like they met us 8 years ago, I asked for help but I did not get...” P6

PEPFAR (2012:36) pointed out that it is centrally important to provide emotional and psychosocial support for primary care guardians as well as frontline caregivers such as teachers, community volunteers, health workers, and staff working in AIDS-affected communities. Scott (2018) on verywellmind.com noted that social support has been widely studied as a factor that minimises the effects on stress. Scott (2018) explained that the four main types of social support are as follows:

- Emotional social support includes affirmations of one’s worth, a concern about one’s feelings, and the sharing of positive regard. This falls along the lines of listening to and validating feelings, letting others know they are valued, and offering a shoulder to cry on.
- Informational social support involves the sharing of advice or information that can help someone who is experiencing a stressor or challenge they do not know how to handle. This includes offering advice that people may find useful, pointing people to experts who may offer advice, and sharing experiences.
- Tangible social support includes sharing resources, either material or financial. Obviously, this can include providing loans of monetary gifts, but it can also involve offers to share childcare duties, helping a friend move, or even bringing a casserole to a grieving family.
- Belonging social support involves providing social leisure and belonging. This means including friends in the group, and spending time with friends who need support and may feel alone.

Scott's (2018) explanations above validate participants' descriptions stating that the best remedy for stress is to have someone to talk to. This is the starting point of Future Families intervention assigning a dedicated CCW to each family. As described by participants, CCWs provide emotional social support to parents/guardians by listening to and validating their feelings, letting them know they are valued, and offering a shoulder to cry on when necessary. They also provide information on social support by sharing advice or information that can help parents/guardians who are experiencing a stressor or challenge they do not know how to handle. CCWs also provide tangible social support by providing resources, either material or financial (food parcels, gift cards vouchers) but also support with children care and home duties. Lastly, CCWs offer belonging social support to parents/guardians by making them feel that they belong to a big family, which is Future Families and they are not alone. Where there was no CCWs allocated for support, the stress often had a devastating effect such as parents/guardians sickness, children getting out of control (drugs and out of school) as reported by participant six (**P6**).

Better parenting training manual by PACT and Regional Psychosocial Support Initiative (REPPSI) (2014:4) defines parenting as all the responsibilities involved in raising a child from infancy until the child becomes an adult. The organisation further posits that parenting styles are the way in which parents and caregivers interact with their children. A person's parenting style is influenced by their culture, personality, family background, socio-economic status, educational level, and religion. In the context of this study, parenting skills development align with PACT and REPPSI definition and refers to all Future Families' activities that promote and build parents' skills on good practices in raising their children. Participants mentioned that Future Families teaches parents/guardian SRHE's how to care for their children through

MAMA ZAMA, which is one of the special programmes dedicate to mothers and their children. This is a parenting development skills activity.

"They also educate me on how to raise a child and how to teach them respect. They also teach me how to communicate better and talk to them... I must also stop being impatient..." P9

“Mama Zama taught me how to care for my baby... I learned how to care for my child. I learned about the child needs, that I must take him to the clinic to get medicines until now he was... because he needs to be healthy... I learned everything about how to care and give him a breast, the food, fruits, and be careful of dangerous things and you must keep the dangerous things away from the child like stove, poisons, and care for the child.” P2

“...they always teach me about the child, how to control the child. Now I know because last time I was angry. If he touches something, I use to beat him...they said that it is not good. So now, I understand how to get hold of him do not beat him anymore.” P1

“Future Families’ intervention will last because I learnt not to frustrate children by telling them they are not smart like the case of my slow child because that will limit their chances of getting better.” P12

Parents/guardians perceived the Future Families’ parenting skills development programme as very useful in helping them learn about good practices in parenting and care better for their children as evidenced by above quotations

Sanders (2009:4) from the Parenting and Family Support Centre of the University of Queensland corroborates the above finding. The author noted that significant improvements in the health and wellbeing of children including the level of child maltreatment could not be achieved without strengthening the skills, knowledge and confidence of parents in the task of raising their children at a population level.

Another sub-theme that was recurrent under parents/guardians support initiatives was the support provided by Future Families to advocate against domestic violence. Agisanang Domestic Abuse Prevention & Training (ADAPT 2013:1) defines gender-based violence (GBV) as violence that occurs between men and women in relationships, in the home, at the workplace, and in the community. Gender violence is about power and control. The organisation continues by elaborating that GBV can take the form of physical, emotional, sexual, economic or spiritual abuse. Individuals who are victims of GBV suffer from fear, low self-esteem and depression.

The effects of GBV include limited behaviour movement and physically harms. On top of all that, it emotionally, physically and spiritually affects living under the GBV home. In the context of this study, education in gender/domestic violence align with ADAPT definition and refers to all activities conducted by Future Families to educate parents/guardians to avoid physical, emotional, sexual, economic or spiritual abuse among them.

Many participants reported incidents of domestic violence and noted the support provided by Future Families to end the violence cycle that affect children as evidenced by participants' quotations below:

“Nelly told them that she is struggling at school due to the fighting of her parents at home. They came while the father was home and asked if we had any problems; I explained everything to them. The father was drinking alcohol a lot and was not sleeping at home. He was not doing anything for the kids. After he got paid, he would drink all the money without thinking that the children need clothes, shoes or other things; he would drink all the money. Since Future Families started visiting us he no longer goes out but drinks at home. He no longer goes to taverns, come home drunk and start a fight. The father apologised and admitted that he was drinking alcohol and came back home very late. He said he will stop what he was doing and promises that he will never do it again.” P9

“...even when you have something like your boyfriend abusing you, you must come here and my boyfriend was abusing me and I was told the social workers; they spoke to him; now it is better.” P2

Parents/guardians noted that domestic violence interventions help to make the family a better place for all by promoting mutual respect between parents, which protect children physically, psychologically and emotionally.

The above finding is in contrast with those of Noughani and Mohtashami (2011:80)'s study on the effect of education on prevention of domestic violence against women. Noughani and Mohtashami's (2011) study showed that education had no effect on domestic violence. Solving problems relating to domestic violence owing to cardinal roots in short time seems to be impossible and impracticable. Future Families intervention was successful because it combines continuous education support with beneficiaries' home visit.

4.5.1.7 Household Economical Strengthening interventions

Household Economic strengthening (HES) as defined by PEPFAR (2012:50) comprises a portfolio of interventions to reduce the economic vulnerability of families and empower them to provide for the essential needs of the children they care for, rather than relying on external assistance. According to the National Academy of Sciences (2013:281), these activities include microfinance programmes for the caregivers of orphans and vulnerable children, small business development, and community-based asset building.

PEPFAR encourages OVC programmes to primarily focus on sustainable interventions that reinforce families or communities' long-term capacity to respond to the health and nutritional needs of children infected and affected by HIV/AIDS. In the context of this study, HES activities align with PEPFAR definition and refer to all Future Families interventions provide to reduce the economic vulnerability of families and empower them to independently respond to their children essential needs.

Participants reported that Future Families assists families in starting vegetable gardens or involve them in Future Families gardens programme to increase access to nutritious food and generate income by selling excess vegetables.

So they said:

“Ay, you must take care of the garden” and every Tuesday, Friday we come here to the garden... they give us vegetable from the garden... They taught us a lot because even on Tuesday when we come here we use to make Atchaar and sell it for 25 Rands and we will share the money...” P1

“They give us food parcel but they also helped me make my own garden, they brought seed, we managed to have carrot and spinach etc.” P11

Parents/guardians perceive Future Families HES intervention as adding a lasting value to the entire family lifestyle including access to food and cash to respond to the family needs. Nyangara, et al.’s (2009:28) study finding is similar to this study. The authors examined the impact of two interventions that provide OVC guardians with opportunities to supplement family income. CRS in Kenya gave training and support in the establishment of Savings and Internal Lending Committees (SILCs) that offered group-generated funds loaned to members through a monitored savings and credit system. In the same vein, Allamano in Tanzania provided training in bio-intensive agriculture and participants received capital inputs such as wheelbarrows, spades, and other equipment. Both initiatives were associated with reduced food insecurity among participants.

4.5.2 Theme 2: Parents/Guardians perceptions toward future families activities

4.5.2.1 Perceived Susceptibility to OVC condition

Glanz et al. (2008:47) explain that perceived susceptibility refers to beliefs about the likelihood of getting a disease or condition. In the context of this study, perceived susceptibility is defined as the parents/guardians’ ability to sense that there is a possibility that their household condition, children-related condition or other conditions can make their child/children vulnerable.

When asked for reasons of joining the Future Families, the participants' responses allowed the researcher to understand that parents/guardians perceive the risk level of OVC vulnerability based on OVC condition or the families' conditions. The perceptions of the participants led most of them to seek help from Future Families among the conditions perceived by parents/guardians as susceptible to increase children vulnerability participants mentioned:

Children learning difficulties and/or disabilities: The NIP (NICHCY 2011:1) fact sheet 7 refers to learning disability as a general term that describes specific kinds of learning problems, which include dyslexia and dyscalculia. Dysgraphia refers to difficulties in reading and writing, while dyscalculia refers to difficulties in understanding of numbers. NICHCY further noted that learning disability could cause a person to have trouble learning and using skills like reading, writing, listening, speaking, reasoning, and understanding numbers (NICHCY, 2011:1). The majority of the study participants mentioned that they joined Future Families because they perceived their child/children difficulties to learn as a condition that exposed their child/children to living as a vulnerable person for the rest of their life owing to the fact that the child/children will not be able to benefit of education like most children. The interview clearly revealed that many children are struggling with reading, writing and mathematics (reasoning).

“...We joined because Mpho was experiencing learning difficulties because he was poisoned...” P13

“My son was still in primary when starting and he had a challenge of mixing two languages (Setswana and Sepedi). Future Families explained to me that they have extra classes to assist children with school work, so insisted that he goes to get help.” P7

“We joined because the second child of mine had a problem at school; she didn't understand what they were doing at school... Now my grandchild who was not communicating well can communicate very well. He was not understanding what the books were about, now he can write because the Future Families CCWs were coming here patiently and helped.” P9

“We joined because I have a problem with my children. I have a child who was not coping at school... My child was a slow learner... the lady CW took us to find a school adapted to my child. The Future Families CCWs came to help me with the children school. My child was a slow learner, the lady CCW took us to find a school adapted to my child. But the challenge was that my child was not selected after the test.” P12

Shann, et al.’s (2013:9) study corroborates parents/guardians perception on learning difficulties and/or disabilities as one of the factors that can increase OVC vulnerability. The authors support that the lack of educational support for children with learning difficulties and/or disabilities could lead to increasing chance for absenteeism and dropout. According to Learning Disabilities Association of Manitoba (LDAM, 2013:3), lack of support could lead to higher incidences of alcoholism, drug abuse, and gang affiliation among youth. In addition, Mwoma and Pillay (2016:82) highlight the importance of education in children long life noted that educational status is an important indicator of children’s wellbeing and future life opportunities.

Mwona and Pillay citing (USAID & CRS, 2008) elaborate further that a child who has access to quality primary schooling has a better chance in life. A child who knows how to read, write and do basic arithmetic has a solid foundation for continued learning throughout life. Therefore, a child with learning difficulties and/or disabilities is likely to drop out of school if not supported and that will impact on his/her wellbeing and possibilities to build a better life owing to limited opportunities.

Parents/guardians employment status and household economic condition: Participants also noted their unemployment status does not allow them to find a decent job and care for their families as a susceptible reason to increase children vulnerability.

“...because I only have a piece of job and not working. Future Families trying but we have much more need of help. Sometimes they can only give what they can. Like we are struggling with schools uniform but they cannot help. We are still suffering but their help is quite good.” P2

“...everything I get from them is very good for me because sometimes I cannot reach to make thing properly but you know they lift me up a little bit because I am not working; you can see I stay home... per month sometimes I am getting 2000 rands, what can you do with 2000 rands ? Just mealie-meal and fish and finished.” P3

- Orphan-hood: Participants noted that orphaned children are made more vulnerable owing to the loss of their parents.

“ I am very proud because now I am getting grant for that boy... I am talking about my sister’s boy... His parents died; my sister took him to stay with her and when she died, I took him to stay with me.” P3

“My daughter was killed by her partner, leaving a child behind. I received counselling from Future Families. Now I am much better; I am just waiting for them to assist me with foster care. It was difficult for me to accept the situation as she was murdered at MollyHood, not far from where we stay. Future Families helped me to learn to accept what happened... the child was affected by the situation as well...”P7

UNICEF (2016) describes the risk orphans and children of unemployed parents go through in South Africa noted that there is nothing more traumatic for a child than to see a parent die. Added to this tragedy is the loss of adult guidance and protection. Children without proper adult care are more likely to be abused and exploited.

Many orphans and vulnerable children slip further into poverty once the family’s main breadwinner stops working or dies. Losing a parent or caregiver often means losing access to social grants, education and healthcare. Furthermore, Mohapeloa and Friedman (2015:17) noted similar findings on a Global Fund OVC process evaluation and baseline assessment in South Africa. They found that beneficiaries perceived that the most frequent reason for being in an OVC programme was a child living in severe poverty in a household with no income.

Yet for the organisation running the OVC programme, the determining factors were a combination of orphan-hood, absent parent/s and poverty.

4.5.2.2 Perceived Severity of OVC condition

Glanz et al. (2008:47) describe perceived severity as feelings about the seriousness of contracting an illness or of leaving it untreated, including evaluations of both medical and clinical consequences (for example, death, disability, and pain) and possible social consequences (such as effects of the conditions on work, family life, and social relations). In the context of this study, perceived severity is looked as the extent in which the parents/guardian perceive severity of their child/children's vulnerability and its consequences on the child's life.

The interviews revealed that participants are capable of gauging the severity of their children's vulnerability. Participants were able to identify social consequences of leaving the conditions make children vulnerable untreated. Parents/guardians were very conscious that every time they failed out of the Future Families activities and/or support the level of vulnerability increased and social consequences such as children dropping out of school, children starting to use drugs, children becoming very disrespectful to their parents were noticed.

"...The last time I saw my social worker was January 2017. I only got a new social worker last week (week of 20 June 2018). None of my expectations was met. My family is doing very badly right now. I was left more than a year and so much damage happened... Two of my children dropped out of school. I am asking for help so they can go back to school because now they are using drugs..." P6

Glanz et al. (2008:47) note that the combination of susceptibility and severity is known as perceived threat. The interviews revealed that participants could perceive the treat that the susceptible risks, namely, child ability to learn, the household economic condition and orphan-hood represent for the child's life if not supported or treated.

“.... My first children misbehave a lot and I used to fight with them. These two I do not have any fight with them because they are very well behaved. At very early age, they got experience about life; they learn about what challenges they should expect while growing as teenagers. They learn respect and understand that they need to respect adults so we get full support. They learn not to follow bad influences and stick with friends who support them positively...Children learn not to fall on bad influence like do not go out at night (sneak out), drugs, alcohol and learn to respect parents. Children learn respect and care for parents and focusing on education so they can improve our life... They are getting school support and that help them to get through school...”P13

Mohapeloa and Friedman (2015:80) also note a similar finding where the beneficiaries of the OVC programme under their study in South Africa also perceived the severity of their situation and indicated the importance of early interventions in avoiding consequences of the vulnerability susceptible factors. Mohapeloa and Friedman (2015) maintain that participants felt an early introduction to some of the issues would have prevented them from suffering severe consequences.

4.5.2.3 Perceived Benefits of Future Families programme

Glanz et al. (2008:47) underscore that even if a person perceives personal susceptibility to a serious health condition (perceived threat), whether this perception leads to behaviour change will be influenced by the person's beliefs regarding perceived benefits of the various available actions for reducing the disease threat. In the context of this study, perceived benefit is viewed as the extent to which the parents/guardians perceive benefit on Future Families activities and see in them actions that can potentially reduce the vulnerability threat on their child/children.

The interviews revealed that participants perceived great benefits and added values from Future Families activities and programmes. Among the noted benefits, participants mentioned the following:

- Future Families activities got their families better with parents/guardians and children changing positively their behaviour and communicating much better due among each other.
- Parents/guardians had a much healthier relationship between them, which also made the home environment much more comfortable and healthier for children.
- Children social behaviour was positively influenced, children were much more respectful and well behaved, stayed out of crime, bad company and drug.
- Children education in schools improved allowing them to succeed through school.
- Future Families activities provide children with knowledge about HIV and reproductive health allowing them to behave safely and make informed decision related to their sexual and reproductive lives.
- Future Families activities provided parents/guardians with knowledge related to HIV/AIDS, other general health-related information and improved access to HIV and other health-related services.

All above statements are evidenced by the participants' quotes below:

"Before they were secretive about things like being on their periods, but now they can talk to me. Also, now they are able to tell me and their father when they need something...Ever since my children joined Future Families, everything is going well in my family and we doing well." **P9**

Everything they promised to provide support on the children, I saw the result and the children changed and grew up in a very positive way. Future Families exceeded my expectation on the change of my children and my children are ahead in learning about life and that surprised me." **P13**

"Our culture can be very dangerous. Children can find themselves in mountains for circumcision, which can be done with a lot of risk. Future Families advises them to do circumcision in government clinics with all the safe practices. I understand that this is good for my children." **P13**

“My first daughter friends do not sleep at home, my daughter was disrespectful but now she is sleeping at home and is respectful to me.” P2

One participant noted saw no benefit from Future Families activities. This was because she did not receive any visit or did not get involve in Future Families activities for a year after her CCW went on maternity leave. She noted that her CCW’s effort and support did not have a lasting value because the support stopped. She believed that lasting value could only be obtained with continuous support.

“We did not really benefit of Future Families activities. The last time I saw my social worker was January 2017. I only got a new social worker last week (week of 20 June 2018). None of my expectations was met. My family is doing very badly right now. I was left more than a year and so much damage happened... It will only have a lasting value if there is a continue support. If they have to stop like they did for over a year everything will scramble.” P6

Many studies corroborate parents/guardians perceived benefits. Philips (2015:6) findings’ confirm that psychosocial support for OVC and their parents/guardians could produce the benefit of improving both parties’ behaviour and communication, which can make the home environment much more comfortable and healthier for all. Shann, et al.’s (2013:9) study on the effectiveness of educational support to OVC in Tanzania and Uganda demonstrated that education support could produce a benefit of improving OVC education and success through school.

Nyangara, et al.’s (2009:28) study concurs that health education support could produce a benefit of improving health knowledge from both children and parents/guardians. In addition, Thurman, et al. (2016: 7) established that the level of health knowledge (health awareness) of beneficiaries could produce the benefit of improving health seeking behaviour to seek access to health services.

4.5.2.4 Perceived Barriers to participation in Future Families programme

Glanz et al. (2008:47) note that the potential negative aspects of a particular health action are perceived barriers.

Perceived barriers may act as impediments to undertaking recommended behaviours. In the context of this study, the perceived barriers are seen as factors that are affecting the beneficiaries' participation to Future Families activities.

Participants noted three factors as barriers affecting their participation to Future Families activities:

Work and children care responsibilities: Participants noted that being employed Monday to Friday and children care responsibility does not allow them to participate in Future Families activities, which runs during the working days.

"...myself I did not participate in Future Families parents activities because of my work (I am full time employed)... just me as a mother I am not participating in parents support programme because I work Monday to Friday." **P13**

"...they said to me that I must come to front and make support group but I cannot because I stay with the child ... I want to do it but the problem is that I am always with the children." **P4**

Cultural barrier to discuss sexual education with children: Participants also noted that as single mothers, it was culturally challenging for them to communicate sexual education to their children, especially boys and appreciated that children could get that through Future Families.

"Our culture is putting the children in danger at some point. I cannot talk to them about sex according to my culture. It is a good thing that Future Families is doing it so they can know the right thing to do in life and make good decisions." **P13**

Lack of awareness on Future Families activities: participants also noted that many of them do not participate in Future Families activities because they are not aware of these activities.

“My children do not attend Future Families activities because I am not informed that those activities exist... I never heard about any programme run at Future Families, so I can't really tell.” P6

Several studies reported cultural barriers among challenges in getting parents/guardians participation in children sexual education. Motsomi, Makanjee, Basera and Nyasulu (2016:25:120) conducted a study on factors affecting effective communication about SRH issues between parents and adolescents in one of the informal settlements in South Africa. The factors identified included but not limited to embarrassment when discussing sexual topics, fear that adolescent misperceptions that guardians want to engage in sexual activities with them. Other identified factors were strong belief among guardians that SRH discussions with adolescents encourage sexual experimentation, belief that adolescents were too young to understand; non-conducive environment for open discussions of sexual and reproductive health matters; cultural and religious beliefs. The lack of awareness on Future Families activities, work and children care responsibilities as barriers to parents/guardians participation are particular or context findings and contributions of this study that could not be linked to previous researches findings. Parents/guardians' knowledge of the OVC services options and a schedule that allow them to participate are necessary to improve their participation.

4.5.3 Theme 3: Parents/Guardians attitude toward future families activities and staff

4.5.3.1 Positive and negative attitude

The Collins Online English Dictionary (2018) defines attitude as the way an individual thinks and feels about something. It shows in the way one behaves. In the context of this study, parents/guardians' attitude about Future Families refers to the way the study participants think and feel about Future Families and Future Families staff. Most participants' attitude was very positive toward Future Families activities. Participants noted their happiness on Future Families activities, appreciated the safe environment and activities proposed by Future Families, believe the activities were making their children wise and smarter and were thankful to Future Families and thought Future Families activities were recommendable.

Participants' attitude toward Future Families' staff also was very positive. They believe that Future Families' staff are setting a good example for the community, were friendly and passionate about their work and were very helpful. They also noted that Future Families staff were humble, respectful, patient, have a good heart, are always available for children and participants noted that they feel them as part of their extended families. However, only one participant noted that she felt neglected by Future Families CCW because she was left out of services for a full year after her CCW went on maternity leave. She also noted that she did not know much about Future Families activities except the home visit.

"I feel great about Future Families because they are always there for children, they teach children to be smart and educate them on how to live their lives wisely. We are thankful and happy." **P13**

"I was looking for help and I find it and I have somewhere to go when I am struggling. If I have problems, I know I am balanced with Future Families support... It is a nice and great support, I appreciate it a lot. Many things I could not get without FF... Also a lot of love, patience and care, my CW come here to help me a lot... I am thankful." **P11**

"I don't know exactly what to say, but the other thing is that my social worker is very humble to me. I love her as though she's my child to add on it she's respects me and the feeling is mutual... The way they visit and speak to us. My heart is pleased with their patience." **P5**

"I did not receive much help from Future Families. I even complained that no one was coming to visit me anymore that only when they sent someone to help me... So definitively this was not efficient way of using their resource to support and leave us degrade." **P6**

"My children do not attend Future Families activities because I am not informed that those activities exist. Future Families only visited me to advise me on how to care for my children and how to live. I never heard about any programme run at Future Families" **P6**

Literature on factors influencing beneficiaries' participation in OVC programme is scarce. However, the OVC context can learn from Deepa's (1995:41) study on the contribution of people's participation assessing factors affecting beneficiary participation in projects. Deepa's (1995) work remains a standard and was republished by the World Bank in 2010. Deepa (1995) notes that three factors were found to strongly influence the participation of beneficiaries in projects, namely, the demand for the services delivered by the project, organisation of beneficiaries and autonomy and client-orientation of the implementing agency.

Demand

Deepa (1995:45) notes that assessing the demand "willingness to pay" for services is a strong indicator of demand, which has been shown to be critical in creating sustainable water system. In the OVC service delivery context where services are free of charge, the willingness to pay can be replaced by the parents/ guardians/ beneficiaries' willingness to make sacrifices such as their time, willingness to walk to the venue to attend/participate to the event. Deepa (1995) identified this further as "demonstration of beneficiaries' interest and commitment to activities". A very important note by Deepa (1995) highlights that demand changes over time; so, demand assessment itself cannot be static. Projects gauged demand during implementation by getting communities to demonstrate their interest and commitment before project construction began. In this study, beneficiaries expressed their happiness of the service delivered at home as well their willingness to attend activities when invited at Future Families office.

Organisation of beneficiaries

Deepa (1995:48) notes that organisation of beneficiaries is important in managing participation. Furthermore, Deepa (1995) highlights three beneficiary characteristics that are especially important:

- Existing social organisation and cohesion;
- Client knowledge and skills; and
- Leadership roles.

The researcher perceives the non-consideration of these parameters as an element that affected Participant 6's participation and attitude toward Future Families services and staff. Participant 6 did not have enough knowledge about Future Families activities and options, did not have skills to allow her to learn how and where to find this information considering her education level. Most Future Families beneficiaries are living in the same environment the lack of beneficiary's organisation, cohesion and leadership led to participant six falling out of the programme for a year and going through struggle without anyone noticing or reporting to Future Families, which relayed only on the CCWs report. This led to Participant 6's frustration and dissatisfaction.

Autonomy and client-orientation of the implementing agency

Deepa (1995:62) accentuates that autonomy and client orientation as the degree to which agencies are relatively autonomous and able to function without external interference. In the OVC context, the autonomy should be placed at individual or family level. It is the degree to which individuals or families are capable of functioning and accessing services without interference. To achieve that there is a need for parents/guardians orientation on Future Families activities and offered services by CCWs. This will allow them making the decision to access the service autonomously. Participant 6's orientation could have made her autonomous and allowed her to keep accessing the service despite the CCW maternity leave.

4.6 EFFECTIVENESS OF THE FUTURE FAMILIES PROGRAMME: TRIANGULATION RICK CHESSER CRITERIA WITH PARENTS/GUARDIANS PERCEPTION OF FUTURE FAMILIES PROGRAMME

The table below triangulates Rick Chesser's criteria of an effective programme with parents/guardians perceptions of the Future Families programme.

Table 4-3: TRIANGULATION RICK CHESSER CRITERIA AND PARENTS/ GUARDIANS PERCEPTIONS

Rick Chesser project /programme effectiveness criteria	Parents/guardians perceptions	Quotes
Parents/guardians satisfaction on the project/ programme purpose and if it meets their children needs.	As demonstrated by the participants' quotes and supported by the findings the parents/guardians are happy with Future Families programme services and activities. Parents/guardians believe it meets their children and family's needs.	<i>"I am happy about Future Families...Ever since my children joined Future Families everything is going well in my family and we doing well."</i> P9
The project/ programme facility /activities/interventions are safe for parents/guardians and their children	The findings also supported that parents/guardians believe Future Families activities and interventions are safe for themselves and their children. They trust Future Families with their children and believe children are safe anytime they attend Future Families activities	<i>"They go to camps and come safe, they have adults allocated to look after them. I know they are safe with Future Families. The environment is very safe for us."</i> P13
The project/ programme is in harmony with the community cultural and environmental values	The findings also supported that parents/guardians indicated that the project is adapted to their cultural and environmental values	<i>"Our culture is putting the children in danger at some point. I cannot talk to them about sex according to my culture. It is a good thing that Future Families is doing it so they can know the right thing to</i>

		<i>do in life and make good decisions.” P13</i>
The project /programme improved community/Parent/guardians minds in OVC care.	The findings also supported that parents/guardians perceived Future Families intervention as improving their abilities to care for their children	<i>“I learned how to care for my child, I learned about the child needs, that I must take him to the clinic to get medicines because he need to be healthy... the medicines, for his health, I learned everything about how to care and give him a breast, the food, fruits, and be careful of dangerous things and you must keep the dangerous things away from the child like stove, poisons, care for the child.” P2</i>
The project involves efficient and effective use of the resources (time, budget, community) of all involved parties. In this case, we will only assess beneficiary resources (time, budget, community...)	Allocation of resources could not be assessed. No data available to come to conclusion strong conclusion. However Participant 6 (P6) felt that after working for a while with her family, the CCW going on maternity leave without a replacement for a year waste the resources and effort	<i>“My family is doing very badly right now. I was left more than a year and so much damage happened. So definitively this was not efficient way of using their resource to support and leave us degrade.” P6</i>
The project is designed and built with minimal disruption of the	No data available to measure this component	No data available to measure this component

community. Here we will look at mention of none community disruption during Future Families activities		
The project/intervention add lasting impact on beneficiaries' lives.	Parents/guardians indicated that Future Families activities/intervention added a lasting value in OVC lives. Especially around Health education which they believe will keep them safe and free of HIV/AIDS. Most of them believed Future Families should continue the support to ensure it adds a lasting value	<p><i>"I think it will last, so far they helped me with a lot of things. There is always someone to check us and make sure we are fine. We have a CW allocated to our family. It is a continuous support that is the good part of it" P11</i></p> <p><i>"As long as they support continue, this should last no matter how slow it is..." P12</i></p> <p><i>"It will only have a lasting value if there is a continue support...." P6</i></p>

Table 4.3 demonstrated that Future Families programme is perceived as effective by parents/guardians. Participants' quotes supported that:

- Future Families programme serve its purpose and meet their needs.
- The project/programme facility /activities/interventions/staff are safe for parents/guardians and their children.
- The project/programme is in harmony with the community cultural and environmental values.
- The project /programme improved community/Parent/guardians minds in OVC care.
- The project/intervention add lasting impact on beneficiaries' lives.

Efficiency and effectiveness related to the use of the resources and minimal community disruption could not be assessed because there was no specific mention to that from participants' data. Beneficiaries were not involved and could not report on programme resource (funding) origin and management. A comprehensive knowledge of the programme resource origin and management is a key factor to provide beneficiaries with a better understanding of the programme's funding source, reason of funding and its management. This understanding coupled with the existence of an organisation of beneficiaries as recommended by Deepa will allow beneficiaries to set their expectations on the programme and that would enable beneficiaries to have an opinion on the programme effectiveness to bring about systemic change rather than only focussing on temporary and individual relief. The lack of a comprehensive knowledge of the programme resource origin and management could condition beneficiaries' attitude to be thankful to the programme instead of having open criticism because they see these interventions as if it was a favour from the implementing organisation.

4.6 CONCLUSION

This chapter provided a short description of the research findings, discussed the data analysis and interpretation of findings. The qualitative analysis allowed extracting code and structuring the findings into themes and sub-themes. The themes and sub-themes were defined, described and the findings were crossed with the existing literatures to explain the reasoning and how the results corroborate, to contradict or contribute to the body of current knowledge on the perception of beneficiaries on OVC programmes. The Health Belief Model was applied to determine the perceptions of parents/guardians on the Future Families programme interventions. This was done by describing factors that they perceive as making OVC susceptible to vulnerability, perceived severity of OVC condition, their perception of Future Families interventions benefits, their perception of barriers to accessing Future Families services and their feeling and attitude toward Future Families activities and staff.

Chapter 5 concludes the study by presenting a summary of the key findings, overall conclusion of the study, recommendations, and limitations.

CHAPTER 5

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter 4 presented and discussed the findings of the study. This chapter provides the summary of the findings, conclusions, the limitations, and the recommendations from the participants and some that emerged from the interpretation of the findings of the study.

5.2 SUMMARY OF FINDINGS

The summary of the study findings will be discussed based on the following study objectives:

- To explore and describe the OVC parent/guardians' perception with regard to Future Families programme (services and activities) in Olievenhoutbosch.
- To explore and describe Future Families programme's effectiveness in the eyes of OVC parents/guardians.
- To make recommendations to the OVC programme organisers and funders so as to advocate the consideration of beneficiaries' views when designing programmes.

Three themes emerged from this study:

- Service delivery and support initiatives;
- Perception toward Future Families activities; and
- Attitude toward Future Families activities and staff.

5.2.1 Service delivery and support initiatives

Parents/guardians indicated that Future Families provide the following services and support initiatives:

5.2.1.1 Home visit

Beneficiaries' perceived home visit as the real and ideal service because it allows them to receive all other services at the comfort of their home. Home visit also allowed beneficiaries to become familiar with the allocated CCW, feel the CCW as a part of their own extended family, trusting him/her with their children and home.

5.2.1.2 Education support

Parents/guardians perceive Future Families education support as key for their children success in life and as adding a lasting value to their children education. They believe Future Families education support plays a great role in redressing children's limitations, improve their chance to succeed in school and supported in providing access to under-privileged children in school. Parents/guardians also had a very clear perception of the consequences or negative impact of the lack of education support in their children life, participants' noting children dropping out of school, frequenting bad friends and starting to consume alcohol and use drugs.

5.2.1.3 Health and nutrition support

Participants reported that they received health education and support to access health services. Health education support was seen as important as it increased parents/guardians knowledge and provided awareness on health common conditions and crucial information on how to care better for their children. Health education was seen equally important for children as it allows them to gain health-related knowledge that will help them to stay safe from HIV/AIDS, other STD and unwanted pregnancies. It is also viewed as adding a lasting value on children life preparing them to make informed decisions related to prevention of health conditions and establishing a good health seeking behaviour as they are growing.

Furthermore, it help them through RSHE make informed decisions related to their sexual and reproductive life and prepared them to accept other people living with health conditions without stigma.

Support to accessing health services was seen important as it helps in gaining knowledge on where to go when needing healthcare and help saving lives by allowing early detection and care of HIV cases or other potential sicknesses that can cost beneficiaries' lives.

Among nutrition support activities, gardening support was seen as the most effective because it helps families respond to their own nutrition needs and provided a much stable food security support compared to food parcels and vouchers distribution, which are not consistently and regularly provided and do not fully cover the family nutrition need. Mother's nutrition education support is seen as very useful in helping mothers making the right nutrition choices to care for their children to keep them healthy. Unfortunately, this is not of much help in situations where access to food is a struggle.

5.2.1.4 *Psychosocial and Social education support*

Parents/guardians perceive psychosocial support as very important to help children victims of traumatic events such as loss of a close family member and abuse while social education support is seen as key to enhance children's positive behaviour. Parents/guardians believe that Future Families' social education support teaches children respect, keep children out of crime, drugs and bad influences, help children mature, and make good decision. Parents/guardians believe both psychosocial and social education support helped to improve children's relationship with their parents and make the family a better place where it feels good to live.

5.2.1.5 *Child protection Support*

Participants noted that child protection activities allow monitoring child abuse and identifying children that are abused so that the child protection system can be alerted and the child rescued.

Parents/guardians perceive child protection support as very important in preventing children abuse by their communities' members and even close families. Participants also noted that Future Families' child protection activities promote an adoption of safe living practices, avoiding domestic violence and children abuse by parents/guardians themselves making the family a better place for children. Furthermore, participants noted that child protection interventions lay down foundations to ensure that children have the necessary documents (birth certificate) that allow them to access their rights by supporting parents/guardians access the birth registration services.

5.2.1.6 *Parents/guardians support initiatives*

The findings revealed that Future Families implement the following three initiatives to support parents/guardians care better for their families:

- Stress management support/Psychosocial support for parents/guardians;
- Parenting skill development support;
- Domestic/gender violence education support; and
- Household Economic strengthening support.

Parents/guardians noted that the best comfort you could get when stressing is to have someone to talk to and perceived Future Families' approach of assigning a CCW to each family as very useful. In most instances, where a Future Families CCW was available, to support stressed parents/guardians, the outcome was very positive and the beneficiaries perceived Future Families support as uplifting. Parents/guardians perceived the lack of having an assign CCW to their family as having extremely negative impact on the entire family because they would not have anyone to talk to. The findings revealed that Future Families' CCW provided Emotional Social Support to beneficiaries, which includes listening to and validating feelings, letting others know they are valued, and offering a shoulder to cry on. Informational social support, which involves the sharing of advice, or information that can help someone who is experiencing a stressor or challenge they do not know how to handle. Tangible Social Support includes sharing resources, either material or financial (monetary gifts, food parcels).

Belonging Social Support involves group-sharing activities, spending time in groups and sharing experiences. Parents/guardians perceived the Future Families' parenting skills development programme as very useful in helping them to learn about good practices in parenting and care better for their children.

Parents/guardians perceived domestic/gender violence education interventions helpful because it makes the family a better place for all by promoting mutual respect between parents, which protect children from physical, psychological and emotional abuse. However, this finding was in contrast with Noughani and Mohtashami's (2011:80) study on the effect of education on prevention of domestic violence against women. Furthermore, Noughani and Mohtashami's (2011) study showed that education had no effect on domestic violence. Solving problems relating to domestic violence owing to cardinal roots in short time seems to be impossible and impracticable. Future Families' intervention was successful certainly, because it combines continuous education support with beneficiaries' home visit to support families.

HES support intervention was seen as adding a lasting value to the entire family lifestyle including access to food security and cash to respond to the family needs. This was corroborated by a study from Nyangara et al. (2009:28).

5.2.2 Perception toward Future Families activities

Parents/guardians perceived three factors as susceptible to increasing their child vulnerability:

The child learning difficulties and/or disabilities was seen as increasing the child's chance for absenteeism and dropout from school without education support. The Learning Disabilities Association of Manitoba (2013:3) supports that dropping out of school could lead to higher incidences of alcoholism, drug abuse, gang affiliation among youth. This is exactly what parents/guardians in this study reported. Mwoma and Pillay (2016:82) demonstrate the importance of education in children long life noted further that a child who drops out of school will have a low educational status, which will influence his/her wellbeing and future life opportunities.

Parents/guardians unemployment/ poor household economic condition and orphan-hood were perceived as factors increasing the vulnerability of children. This finding was corroborated by UNICEF (2016) when describing the risk orphans and children of unemployed parents who go through in South Africa noting that there is nothing more traumatic for a child than to see a parent die. Added to this tragedy is the loss of adult guidance and protection. Children without proper adult care are more likely to be abused and exploited. Many orphans and vulnerable children slip further into poverty once the family's main breadwinner stops working or dies. Losing a parent or caregiver often means losing access to social grants, education and healthcare.

The finding revealed that participants were capable of gauging the severity of their children vulnerability by clearly identifying the severity and threat that represent learning difficulties and/or disabilities, parents/guardians unemployment, poor household economic condition and orphan-hood and their social consequences on the child lives if they were left without support or untreated. The findings also revealed that parents/guardians perceived many benefits on Future Families services and activities that are described in Chapter 4. Parents/guardians perceived their work and children care responsibilities, cultural barrier to discuss sexual education with children and lack of awareness on Future Families activities as barriers to their participation to Future Families activities.

5.2.3 Parents/guardians attitude toward Future Families programme and staff

The findings revealed that parents/guardians attitude toward Future Families' activities and staff is directly linked with the quality of service delivery and their knowledge of Future Families activities options and how to access them. While the majority of participants (12) were very happy with Future Families' programme and staff, one (1) participants indicated her dissatisfaction because of the halt of the service owing to her CCW going on maternity leave and she did not know what other options she had to access Future Families services.

5.3 RECOMMENDATIONS

5.3.1 Recommendations from parents/guardians

The following recommendations emerged from participants interviews:

Table 5-1: Recommendations from participants

Issue to address	Recommendation description	Participant quote
Domestic violence	Educate all partners in domestic violence to create a better and stable home environment that will protect children.	<i>“Empower families so partners do not chase their partners away and struggle with children on the street”</i> P6
CCW work supervision and monitoring	Future Families needs to ensure that their staff pay attention to family's needs and attend to them properly. Management should monitor CCW work to ensure families are well cared for.	<i>“If there is any situation where a Social Care worker could not provide the service the Future Families office should be alerted”</i> P6
Service coverage	Increase coverage by helping more people in our community especially discriminated families	<i>“To help other people. There are foreigners who are struggling to get birth certificate for their children, so I would like Future Families to help them like they helped me. When people see them leaving my home they would ask me about them and what they do.”</i> P9
Education support	Improve education support with transport support, more aftercare and uniform support	<i>“They need to consider catering for school uniforms and aftercare support for children and homework... They could be a great support in school transport.”</i> P2

Keep service delivery quality	Keep a good support no matter the challenge	<i>“They need to continue helping my children no matter how slow it is to get the result.” P12</i>
Provide each family tailored support	Pay attention to families specific problem when providing support	<i>“My husband passed last year but we did not received any support from Future Families to comfort me or the children. I need Future Families to help me on what to do with my slow child because I don’t know what I can do with him. I need information on how to help him better.” P12</i>

5.3.2 Recommendations from the findings

The following recommendations emerged from the findings:

Table 5-2: RECOMMENDATIONS FROM THE FINDINGS

Area/ Issue	Recommendation
Parents/guardians are happy and satisfied with home visit but do not show much interest in Future Families group activities (parents/guardians training)	Encourage parents/guardians to combine Future Families group activities (trainings) with home visit. Nyangara, et al. (2009:28) studied the effects of programmes supporting OVC and demonstrated that guardians that participated in support groups and who also had a home visitor reported higher family functioning and fewer child behavioural problems than guardians participating in either one of these interventions alone. Participation of parents/guardians in Future Families group coupled with home visitation activities will increase the effectiveness of Future Families programme.
Provide orientation to new beneficiaries	The findings revealed that participants’ lack of knowledge on what services Future Families offer is one of the reasons they cannot access the service. Future Families should provide orientation

	training to beneficiaries to inform them about Future Families services and how they can access them. This will improve beneficiaries' participation and knowledge about Future Families services.
Encourage the establishment of beneficiaries organisation and communication	As noted by Deepa (1995:48), beneficiaries organisation can be very useful in alerting Future Families very quickly if one of the Future Families beneficiaries need assistance. Future Families should encourage beneficiaries who are living on the same area to know each other and communicate even if they are not under the same CCW. This will reduce incidents like the one reported by participant six where a beneficiary fall out of the programme for a year and go through a lot of problems without assistance.
Involve the organisation of beneficiaries in resource management and planning	The study has established that beneficiaries were not involved and could not report on programme resource (funding) origin and management. Involve the organisation of beneficiaries in resource management and planning will allow beneficiaries to set their expectations on the programme and that would enable beneficiaries to have an opinion on the programme effectiveness. More importantly, beneficiaries will also allow the programme over time to streamline the real community needs and allocate resources more efficiently. Thus beneficiaries input to both the programme design and evaluation will be rich and meaningful.
Get support from local authorities for the integration of OVC needing special education support or special school	The findings revealed Future Families limitation in getting schools to accept children with special education needs. Future Families should seek from local authorities the necessary support when there is a need to integrate a child needing special education in a school that reject him/her.

5.3.3 Recommendations for future research

Based on the findings, the following recommendations are made for future academic research:

- More beneficiaries oriented academic, design and implementation research studies are required where beneficiaries' inputs are considered.
- Future studies topics should consider assessing reasons influencing OVC and their parents/guardians participation in OVC programmes activities.
- An elaborated study using mixed methods to assess beneficiaries' perceptions on OVC programmes is needed to provide more in-depth understanding of the phenomena under investigation and describe complex concepts like programme effectiveness.
- More beneficiaries' oriented studies are needed to investigate how OVC beneficiaries perceive or feel the stigmatisation and/or rejection to access services like education, health, grant and other services owing to discrimination because of their vulnerable status.
- Academic research on topics related to the OVC access to support services and the impact of the lack access to OVC support services (education support, health support, birth registration service and more) are needed.

5.4 CONTRIBUTIONS OF THE STUDY

Despite its limitations addressed below, this study is adding a valuable contribution to the body of knowledge around OVC support area. As established by the literature review in Chapter 2, there is a scarcity in beneficiaries' contribution, namely, their views and perceptions to the current body of knowledge on OVC support programmes. The use of this study finding can help Future Families and other stakeholders working around OVC support to:

- Understand how parents/guardians view the different activities/interventions that are designed and implemented most of the time without their inputs.
- Understand and streamline what beneficiaries appreciate the most and what they see as not adding value.
- Understand what interventions beneficiaries perceive as work well and what does not work.
- Understand factors that influence beneficiaries' participation and adapt their activities to allow a better participation in activities.

- Understand the challenges faced by beneficiaries' and their CCW in accessing services such as education and health services.
- Understand what practices makes the beneficiaries happy and what impact them negatively and push them away from the programme.

5.5 LIMITATIONS OF THE STUDY

The researcher is aware of the following limitations linked to this study:

Firstly, this study is based on 13 parents/guardians perceptions of the Future Families' programme at a single selected Future Families site at Olievenhoutbosch Township in Centurion, Gautrain Province. The findings are attached with individual views and perception of their experience with Future Families Olievenhoutbosch Future Families services. The findings can be very useful to some instances but cannot be bluntly generalised to all OVC programmes.

Secondly, the generalisation can also be affected by specific geographical and cultural differences between population as this study is focusing in a particular area and particular community in South Africa. As stated above, this is individuals' views on the Future Families OVC programme according to their personal experience with Future Families Olievenhoutbosch service delivery approach and cannot be generalised to all Future Families' service delivered in South Africa.

Lastly, even though the study suggested that parents/guardians were "happy" with the services and believed the programme is effective in responding to their families' needs, the research established that beneficiaries were not involved and could not report on programme resource (funding) origin and management. The lack of data on programme resource (funding) origin and management from beneficiaries was a limitation for both the beneficiaries and the researcher. The beneficiaries could not set their own expectations on the programme and that could have conditioned them to be happy with the services. The researcher could not establish if beneficiaries' could be more vocal if, they were involved in the resource's management and what affects that could have had on their happiness toward the programme.

5.6 CONCLUSIONS

This study explored and described the perceptions of parents/ guardians about the effectiveness of Future Families programme in Olievenhoutbosch. The study established that parents/guardians could clearly describe all services provided by Future Families to their children and themselves. The parents/guardians were capable of describing which service they perceived to be more effective than others and which service delivery model was more suitable and effective for them. Parents/guardians were capable of describing what they perceive as benefits for their children and families' participation to Future Families' activities/programme. They were able to perceive factors that are making their children susceptible to vulnerability factors such as learning difficulties/ disabilities, their household economic condition, their employment status, and orphan-hood. They were capable of perceiving and describing the threat represented by those factors to their children life and future, exposing them to long life vulnerability if no support was provided.

- Parents/guardians were capable of describing factors that were causing barriers to their participation to Future Families activities/programme.
- The findings established that most parents/guardians were happy with Future Families services and believed the programme is effective in responding to their families' needs. Parents/guardians noted some Future Families programme limitation in getting government services such as schools, hospitals to prioritise or provide access to OVC beneficiaries requiring special services.
- Parents/guardians perceived effectiveness of the Future Families programme was triangulated with Rick Chesser's criteria of an effective programme that confirmed that the Future Families programme could be perceived as effective in meeting the OVC beneficiaries' needs in Olievenhoutbosch.
- Finally, the study established that parents/guardians are happy with the Future Families programme as currently implemented. They believe the programme is effective and meet most of their children and family's needs.

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**ANNEXURE 1: ETHICAL CLEARANCE CERTIFICATE FROM ETHICS
COMMITTEE DEPARTMENT OF HEALTH STUDIES (UNISA).**

Name: Mr KE Eale

Proposal: Perceptions of parents/guardians about the effectiveness of future families programme in Olievenhoutbosch.

Qualification: MPCHS94

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted for the duration of the research period as indicated in your application.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 15 February 2017.

The proposed research may now commence with the proviso that:

- 1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*



Open Rubric

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3) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

4) *[Stipulate any reporting requirements if applicable].*

Note:

The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,


Prof L. Roets
CHAIRPERSON
roetsl@unisa.ac.za


Prof MM Moleki
ACADEMIC CHAIRPERSON
molekmm@unisa.ac.za

ANNEXURE 2: INTERVIEW GUIDE AND DATA COLLECTION TOOL

Introduction

- Introduction and welcome
- Informs the participants about the use of audio-tape and field note during the discussion.
- Participants are informed about the confidentiality as well the no name use during the interview and their names will not be reflected in the transcribed text.
- Consent forms discussed and signed by participants.

Section 1: DEMOGRAPHIC DATA

Relationship with the child _____

Duration in the programme: _____

Other Info: _____

Section: INTERVIEW SESSION

Introduction

Good day and welcome to this session. Thank you for taking your time to come and join me in this interview.

The topic today will be about your perceptions as parent or guardian on Future Families programme efficiency in taking supporting your children. The information you will provide will be used for research purposes only.

There are no wrong or right answers to the question except different points of views. Feel free to share with me your experiences that built your perception on the OVC programme at Future families. No names will be written on the research transcripts as well on the report. You are assured of complete confidentiality.

Research question:

- Please describe to me how you feel about the way Future Families programme is supporting your child/children?

Probing questions

- Are you getting the result you expected when your child/children initially joined the programme?
- Do you feel that the programme is responding to the need of your child?
- What recommendation(s) can you make to the programme to make it more efficient or efficient if any?

Closing Interview

1. Is there anything else that you would like to add that you think may help me to understand your perceptions better?
2. Thank the participant once again for their time and the session closes

**ANNEXURE 3: REQUEST FOR PERMISSION LETTER TO FUTURE FAMILIES
HEAD OFFICE**

REQUEST FOR PERMISSION TO CONDUCT A STUDY

Unit 9 Villeroy Court
Invicta road,
Halfway Gardens
Midrand
South Africa
17 May 2017

Executive Director
Future Families Head Office
Building 42B, CSIR,
Meiring Naude Road, Lynnwood
Pretoria, Gauteng, 0081

Re: Permission to conduct research at Future Families Olievenhoutbosch

Dear Madam

I am a registered Masters in Public Health student with the University of South Africa. As a requirement for this qualification I am expected to conduct a research study. I am therefore writing this letter to request permission to conduct a study at Future Families Olievenhoutbosch. The study information is as follows:

Title: *Perceptions of parents/ guardians about the effectiveness of Future Families programme in Olievenhoutbosch "*

The aim of the study: To explore and describe the OVC parents/guardians' perceptions with regard to Future Families orphans and vulnerable children programme (services and activities) in Olievenhoutbosch. The choice of Future Families Olievenhoutbosch is due to its comprehensive programme and location allowing easy access to OVC parents/guardians on site.

A qualitative approach will be used in this research work to address the research objectives and we are intending to conduct interviews to collect information from parents/guardians at the Future Families site in Olievenhoutbosch.

The benefits of this study will be to gather knowledge and information from the users about Future Families and other OVC support partners from parents/guardians whose children are participating in this programme in Olievenhoutbosch in particular.

The study will be conducted taking into account the ethical consideration, participants names will not be mentioned in this work, interviews will be conducted in a private environment and participants will be informed that they can withdraw if they do not feel comfortable. The study will be conducted under the supervision of Dr DD Mphuthi, a lecturer in the Department of Health Studies at the University of South Africa.

For any further information please do not hesitate to contact:

1. **Kris Eale:** Cell 0794002056, email: esscris@gmail.com or keale@khulisa.com
2. **Dr David Mphuti:** 0717581222, email: mphutdd@unisa.ac.za

Sincerely yours

Kris E. Eale



ANNEXURE 4: PERMISSION LETTER FROM FUTURE FAMILIES HEAD OFFICE



NPO 084-926
PBO 930034781

20 August 2018

Dear Kris

Thank you for the enquiry to complete your research for your MPH at Future Families, Olievenhoutsbosch office.

It is with pleasure that I agree to you doing the research at our community office and I trust that all the required ethical clearance will be completed.

Looking forward to working with you.

Yours sincerely

PD Learmonth
Executive Director

Future Families

Postal Address
PO Box 209
Willow Acres
0095

Administration Office

Building 42B
CSIR
Meiring Naude Rd
Tel: 012 841 3223
Fax: 012 841 3228

Mamelodi & Mamelodi East

Ford Care Centre
Simon Vermooten Rd
Waltloo
Tel: 012 803 0103/2116
Fax: 012 803 5199

Eersterust & Nellmapius

406 Kawie Avenue
Eersterust
Tel: 012 806 4032/4036
Fax: 012 806 4037

Olievenhoutbosch

5 Concerto Place
Extension 4
Tel: 082 095 0155

Sunnyside

Kutlwanong Democracy
Centre
357 Visagie Street
Tel: 012 320 6838
Fax: 012 320 6859

Empowering families to create their own future

ANNEXURE 5: INFORMED CONSENT FORM

Unit 9 Villeroy Court,
Invicta road
Halfway Gardens
Midrand
South Africa

Dear Prospective participant,

This is an invitation to request your consideration in participating in a research I am conducting as part of my master study in Public Health with The University of South Africa.

Title of the study: *“Perceptions of parents/ guardians about the effectiveness of Future Families programme in Oliveinhoutbosch”*

You receive this invitation, because you were purposively identified as a possible participant due to your child/children involvement in the Future Families Oliveinhoutbosch OVC programme, therefor your experience and expertise will be useful for this research. More information about the research project and your involvement will be provided to you once you voluntary agree to participate in this research.

Your participation will require about 45 minutes of your time for an interview where we will record your views and opinions on the topic. Please be informed that the interview will be audio-taped with your permission to ensure accurate collection of your views and opinions. A copy of the transcription will be share with you so you can confirm the accuracy of our conversation and edit if you need to add or clarify points.

The information provided will be used for this study only and your name will not appear anywhere in the document. The researcher does not anticipate any risks to you as participant in this study.

Please note that you may withdraw your consent at any time without penalty by informing the researcher.

I am free to answer any question you might have related to the study or that will help you in reaching your decision about participating before the study commences. You can contact me at: **Cell: 079 400 2056 email: esscris@gmail.com or**

keale@khulisa.com

A consent form is attached for your attention and I will kindly request that you sign it on the next page.

Sincerely yours

A handwritten signature in black ink, appearing to be 'V. P. N. Keale', written over a rectangular stamp or box.

ANNEXURE 6: PARTICIPANT INTERVIEWS

Interview code	P13-EM30062018
Audio record code number	EM30062018
Date	30 June 2018
Duration	35 min
Interview language	English
Participants demographic	Year joined Future Families: 2012 (6 years) Age: 50 Education level: Grade 6 Employment status: Employed Number of children: 5 (2 sons on FF) Relationship with child/children: Mother Participant Marital status: widow

Introduction (not recorded)

- Introduction and welcome: The researcher tried to put the participant at ease with greetings and eye contact.
- Informs the participants about the use of audio-tape and field note during the discussion.
- Participants are informed about the confidentiality as well the no name use during the interview and their names will not be reflected in the transcribed text.
- Consent forms discussed and signed by participants.

I: I would like to know since when did you join Future families?

P13: Uhhh... since 2012

I: what is your age?

P13: 50 years

I: 50? Five zero?

P13: Yes Five Zero

I: For school, you achieved what grade?

P13: Grade 6 and half, January until April and I stopped

I: ok, are you working now?

P13: Yes

I: What are you doing? Do you have a permanent job?

P13: Yes it is permanent, I am a domestic worker

I: How many children do you have

P13: 5 children

I: All registered with Future Families

P13: No, only 2 are registered with Future families, they are twins

I: Oh! I love twins, I have two boys and I would like to have twins' daughters

P13: laughing!

I: Are you married?

P13: Yes but now I am a widow

I: As I explained I would like to discuss with you about the work Future Families is doing with your children. What do you know about Future families?

P13: Both my kids were in crèche. Mpho was experiencing learning difficulties because he was poisoned, FF help them with after school lessons. FF also help them testing their blood for HIV, FF is helping on HIV sexual education because I cannot engage my children on those topics. FF inspire children to be hardworking so they can stand for our family. Children learn not to fall on bad influence like drugs, alcohol and learn to respect parents. Children learn respect and care for parents and focusing on education so they can improve our life. They provide children with a social worker to ensure they are not abused, they provide food and support children at school. We are happy when we go there and the holiday program also help children a lot to meet other children and learn.

I: Why did you join Future Families Programme (how did you meet them, tell me how it happened)?

P13: The children were identified at school and a Community Care Giver (CCG) was allocated to them and they started helping children. The CCG came to visit us to ensure the children environment is good and support us. They explained to me that they provide children with support in education and teach them about life and I signed the consent for them to help.

I: Please describe to me how you feel about the way Future Families programme is supporting your child/children?

P13: I am very happy about future

I: Why are you happy?

P13: Because they teach children to be smart and educate them on how to live their lives wisely. I feel great about FF because they are always there for children and tell them about life. Many children are falling in crime but they are there to support my children so I am feeling happy and excited happy since they joined it was amazing because they learn so much about life.

I: ok and is there more benefits you see your children are getting out of all that you explained?

P13: Children do not go out at night (sneak out), do not smoke, drink alcohol or have bad influence. My first children misbehave a lot and I use to fight with them these two I do not have any fight with them because they are very well behaved. At very early age they got experience about life, they learn about what challenges they should expect while growing as teenagers, they learn respect and understand that they need to respect adults so we get full support. They learn not to follow bad influences and stick with friends who support them positively. They are getting school support and that help them to get through school. I am happier to see them with so much experience about life.

I: Are you getting the result you expected when your child/children initially joined the programme?

P13: We did get the result of FF support, now one of my children is a peer educator, they supported and prepared him now he can support other children. He was trained and has a certificate as a peer educator. Everything they promised to provide support on the children, I saw the result and the children changed and grew up in a very positive way. FF exceeded my expectation on the change of my children and my children are ahead in learning about life and that surprise me but myself I did not participate in FF parents activities because of my work (I am full time employed). The CCG come more than 3 times a months to check on children and motivate them to stay in school and keep good life behaviours

I: Do you feel that the programme is responding to the need of your child/children?

P13: FF work is definitively responding to the children need on the fact that they are helping them grow as men and respectful. FF is also providing gift cards that help a lot for food and for clothes.

I: Do you think that will have a lasting value on your children life?

P13: It is definitively having a lasting value, giving my child a chance to become a peer educator is allowing him to help more other children that alone has a lasting value. It has a lasting value because it gives them motivation to go forward.

I: Do you see any barrier that are stopping/ or interfering with you or your child from getting involved in Future Families programme?

P13: There is no barriers, we see the positive in FF and we are open to FF and will not allow anyone to interfere with the help they are getting from FF. Just me as a mother I am not participating in parents support program because I work Monday to Friday.

I: Do you think the Future Families environment/activities safe for you and your child/children

P13: They go to camps and come safe, they have adults allocated to look after them. I know they are safe with FF. The environment is very safe for us

I: You said earlier you cannot discuss some topics, like sexual topics with children, don't you feel uncomfortable or is it not in disharmony with your culture that your children have open sexual conversation with other people at FF?

P13: Our culture is putting the children in danger at some point. I cannot talk to them about sex according to my culture. It is a good thing that FF is doing it so they can know the right thing to do in life and make good decisions. Our culture can be very dangerous children can find themselves in mountains for circumcision which can be done with a lot of risk, FF advise them to do circumcision in in government clinics with all the safe practices. I understand that this is good for my children.

I: What recommendation(s) can you make to the programme to make it more efficient or efficient if any?

P13: Wishing FF to do the great job they are doing, my family could not be where we are without their help. They should continue to do this for more families. Many people benefit from FF work with CCGs and wish they can continue helping people not stopping. We are thankful to FF for their work and should continue.

I: Thank you very much, it was really good talking with you. You gave me so much insight in this topic.

Interview code	NM23062018
Audio record code number	NM23062018
Date	23 Jun 2018
Duration	30 min
Interview original language	English
Participants demographic	Year joined Future Families: 2013 (5 years) Age: 46 - Education level: Grade 10- Employment status: Not employed - Number of children: 3 Relationship with child/children: Mother Participant Marital status: Widowed

Introduction (not recorded)

- Introduction and welcome: The researcher tried to put the participant at ease with greetings and eye contact.
- Informs the participants about the use of audio-tape and field note during the discussion.
- Participants are informed about the confidentiality as well the no name use during the interview and their names will not be reflected in the transcribed text.
- Consent forms discussed and signed by participants.

I: How long have you been with Future Families?

P12: 5 years

I; Might I ask your age, just to see the categories of age of people supported by Future Families.

P12: I was born in 1972, I am 46

I: Your education, how far did you go?

P12: standard 8, grade 10

I: Are you working

P12: I am not working

I: How many children do you have in Future Families?

P12: three

I: 3 all are your children own children?

P12: Yes, I have 4 but only 3 Future Families all boys

I: Are you married?

P12: Yes but I am a widow now

I: What do you know about Future Families? What they are and what they do?

P12: They are helping us with food parcel, if we have problem with children they are helping us and the problems in our family

I: Why did you join FF?

P12: Because I have a problem with my children, I have a child who was not coping at school. The FF CCW came to help me with the children school. She find a school for them much closer because we did not have money for transport. My child was a slow learner, the lady CW took us to find a school adapted to my child. But the challenge was that my child was not selected after the test. Now the child is at home

I: How do you feel about FF support to you and your children?

P12: They helped me

I: How you said the child was not selected, how does it help?

P12: I am happy because they help me. Education support: My last born is not a slow learner but like playing so much I needed someone to help. I am waiting for future family to allocate someone. Food parcel: Last year was the last time because I am not working so they call us get food parcel. I am happy with the effort FF put on helping my child but I want them to provide more support as I am not working and I am a widow

I: What benefit your children are getting out of FF?

P12: I want my child that is slow to find a job or a school so far nothing was done no benefit for him. My second child receive Edgards voucher from future family to get clothes. Children receive HIV education support

I: Did you get any of those expectations?

P12: So far I did not get the results I expected but I appreciate FF effort to support my children. The result is taking long because of my children ability to get it but they tried. On the last born yes he is receiving after care support which is helping better but the elder brothers so far there is no change. FF tried but nothing happened

I: What other services you or your children get from FF?

P12: They help to teach them about HIV/AIDS and that make them safe from HIV I cannot afford to teach my kids myself.

I: did get the result you expected when joining FF?

P12: They did not meet my expectation but they try their best to help us to their best. To care about my children, they helped me to understand that they can help me draft the will to help me pass on the property (DPR house) to my children. They also taught me how to communicate better with my children.

I: Is there a lasting value in the support you are receiving?

P12: FF intervention will last because FF CW help me not to frustrate children by telling them they are not smart like the case of my slow child because that will limit their chances of getting better. As long as they support continue, this should last no matter how slow it is

I: What recommendation can you make to FF to make their work better?

P12: They need to continue helping my children no matter how slow it is to get the result. My husband passed last year but we did not received any support from FF to comfort me or the children. I need FF to help me on what to do with my slow child because I don't know what I can do with him. I need information on how to help him better

ANNEXURE 7: EDITING LETTER

EDITING AND PROOFREADING CERTIFICATE

7542 Galangal Street

Lotus Gardens

Pretoria

0008

16 October 2018

TO WHOM IT MAY CONCERN G

This certificate serves to confirm that I have edited and proofread Mr KE Eale's dissertation entitled, **"PERCEPTIONS OF PARENTS/ GUARDIANS ABOUT THE EFFECTIVENESS OF FUTURE FAMILIES CHILDREN PROGRAMME IN OLIEVENHOUTBOSCH"**.

I found the work easy and intriguing to read. Much of my editing basically dealt with obstructionist technical aspects of language, which could have otherwise compromised smooth reading as well as the sense of the information being conveyed. I hope that the work will be found to be of an acceptable standard. I am a member of Professional Editors' Guild.

Hereunder are my particulars:

Jack Chokwe (Mr)

Contact numbers: 072 214 5489

jackchokwe@gmail.com

Professional
EDITORS
Guild



ANNEXURE 7: TECHNICAL EDITING LETTER



To Whom It May Concern

Re: Technical Editing

This letter serves to inform you that the Master thesis for Mr Kris Essosola Eale, title: **PERCEPTIONS OF PARENTS/ GUARDIANS ABOUT THE EFFECTIVENESS OF FUTURE FAMILIES PROGRAMME IN OLIEVENHOUTBOSCH**, was technically edited and formatted.

Regard

Rinnie Matlou